CHILD DEVELOPMENT PROJECT

PHASE IV

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Funded Under Title I ESEA
P.L. 89-313

Sponsored by Western Pennsylvania School for Blind Children

Project No. 48-7178-02-959

Evaluation Narrative
by

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Project Director

1971-1972

ACKNOWLEDGMENTS

The director wishes to express her gratitude to the children of the Lower School and their parents for their cooperation. She wishes to express her appreciation to the members of the Western Pennsylvania School for Blind Children staff, the Title I Project staff, and to the members of the many professional agencies whose interest in visually impaired multiply handicapped children made the implementation of this project possible.

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NARRATIVE EVALUATION

1971-72

I. Project Identification

A. Local Education Agency: Western Pennsylvania School for Blind Children

B. Title I ESEA P.L. 89-313 Child Development Project (Phase IV) Project No. 48-7178-02-959

C. Amount Funded: $65,599.00

II. INTRODUCTION

In July, 1969, a Title I Project, Phase I, for blind multiply handicapped children initiated Phases II, III and IV (September, 1969 to June, 1972) for the development of educational programs for such children and the evaluation of their integration into regular programs for visually handicapped children at Western Pennsylvania School for Blind Children. The progress of these children, many who had poor prognoses according to their past records, was so remarkable that the School has now committed itself to the continuance and further development of programs to provide educational opportunities for blind multiply handicapped children in western Pennsylvania.

The School administrators are now engaged in the planning of a $600,000 Evaluation and Child Development Center. In accordance with the emphasis on early education, especially for multiply handicapped and culturally deprived children, the Center staff will evaluate and stimulate such children at the earliest possible time after they have been medically diagnosed as deviating significantly from the normal.

The implementation of this Project, Phase IV, The Child Development Project, in 1971-72 involved the further development of individualized programs for multiply handicapped children who had previously participated in the Title I projects and for additional young children who were admitted to the School. Children in the primary grades who had handicaps in addition to visual impairments and had learning and/or behavior problems were also included. Some of the multiply handicapped children, over ten years of age, were promoted to the Upper School

where they were integrated into regular classroom activities and/or participated in ungraded classes.

The reorganization of the Lower School in 1971-72, under the leadership of the director, encouraged more positive attitudes toward teaching children with complex learning and behavior problems and developed a cohesiveness among staff members. A humanistic approach to learning in terms of both affective and academic education was emphasized. The director gratefully acknowledges the Lower School staff's diligence in developing a team approach toward the advancement of the functioning levels of the children. Multiply handicapped children were integrated into regular classroom settings for various parts of the day according to their abilities. An open classroom staff, resource room teacher, and child-care workers on a one-to-one basis implemented individualized programs when children could not meet the academic and/or management procedures in the regular classrooms. Most of the children responded to the atmosphere that learning can be fun and rewarding.

III. PROJECT POPULATION

Forty-eight multiply handicapped children received direct services from the Child Development Project. Individualized educational programs were designed for 23 children in the Nursery-Kindergarten through Third Grade Classrooms. Special educational programs, classrooms, dormitory and staff were provided for seven pre-academic residential students with complex behavior and learning problems. A part-time preschool program was developed for nine children, ages two to five, who attended one, two or three mornings a week.

Programs were designed for four multiply handicapped children with auditory and visual handicaps. Two of the children were admitted as a result of this project. One student, age 16, attended tenth grade, and the other was a pre-academic student in the Special Classroom and Dormitory arrangement. Six children were evaluated during a daytime or short-term residential period; four of these children were admitted to the School during the year and will attend in 1972-73.

Fifteen of the children had useful vision and may learn to read large type, and nine were large-type readers. Thus, 57 per cent of the legally blind multiply handicapped children attending the Lower School had useful residual vision.

There were 30 boys and 17 girls in the project.

The birthdates, sex, visual data, additional handicaps and room placements of the multiply handicapped population are presented in Table 1. The same student numbers are used throughtout this evaluation report to identify the children for pre- and post-data.

TABLE I

BLIND MULTIPLY HANDICAPPED CHILDREN IN 1971-72 CHILD DEVELOPMENT PROJECT

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Room Placement
Primary School Children					
1.	4/27/62	M	Light perception plus in both eyes. Responding to visual stimulation.	Emotionally disturbed; retarded.	Classroom 1 and Open Classroom
2.	11/3/63	M	Near vision-2/200 in both eyes. Distance vision-8/400 in both eyes. Large Type reader.	Arrested hydrocephalus; undetermined retardation.	Classroom 1
3.	6/28/59	M	No light perception in both eyes.	Environmental deprivation.	Classroom 3
4.	9/24/64	F	Light perception in both eyes. Bilateral detached retinas from trauma in infancy.	Immaturity for her age; educable retardation.	Classroom 1 Resource Room Open Classroom

TABLE I- continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Room Placement
5.	12/19/61	M	Counts fingers at four feet with both eyes. Bilateral optic atrophy and pendular nystagmus.	Hemangioma of the central forehead; cerebral palsy; convulsive disorder; emotional problems.	Classroom 2 Open Classroom
6.	6/6/62	M	Light perception in both eyes. Optic nerve damage. Nystagmus.	Myelomeningocela; hydrocephalus, arrested; flaccid paralysis of both lower extremities, can walk with a walker.	Classroom 2 Resource Room Open Classroom
7.	11/15/63	M	Counts fingers at 6 feet with right eye. No light perception in left eye.	Speech problems; undetermined retardation.	Classroom 1
8.	8/8/59	M	Both eyes enucleated.	Emotionally disturbed. Involved in therapy at Pittsburgh Child Guidance Center.	Classroom 3

TABLE I - continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Room Placement
9.	4/11/63	F	Sees hand movement at 1 foot with both eyes.	Emotionally disturbed; underachievement-remedial work in reading, writing braille and arithmetic.	Classroom 2 Resource Room
10.	11/19/64	F	No light perception in both eyes.	Cerebral palsy, right hemiparesis.	Kindergarten
11.	11/19/64	M	20/400 in both eyes.	Environmental deprivation; retardation.	Kindergarten Open Classroom
12.	5/9/63	M	Light perception in right eye. No light perception in left eye.	Undetermined retardation; emotionally disturbed.	Classroom 1 Open Classroom
13.	7/23/64	M	4/200 in left eye 5/200 in right eye Albinism	Emotionally disturbed, hyperactivity; learning disabilities.	Classroom 2 Open Classroom

TABLE I - continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Room Placement
14.	3/18/60	M	No light perception in both eyes. Microphthalmus	Retardation; emotionally disturbed.	Trainable class.
15.	7/10/66	M	Counts fingers at two feet with right eye. Questionable light perception in left eye.	Cerebral palsy, spastic right hemiparesis; speech problems.	Kindergarten
16.	7/5/63	M	No light perception in right eye. Light perception in left eye.	Speech and hearing problems. Wears hearing aids.	Classroom 2
17.	11/13/60	M	2/200 in right eye. 4/200 in left eye.	Microcephalic; borderline retardation.	Classroom 3
18.	7/25/63	M	6/200 in right eye. 12/200 in left eye. Wears corrective lenses.	Learning disabilities.	Classroom 2

TABLE I - continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Room Placement
19.	8/2/63	M	10/200 in right eye. 6/200 in left eye.	Learning disabilities.	Classroom 2
20.	9/4/62	F	No light perception in both eyes.	Microcephaly; undetermined; improving emotional problems.	Classroom 1 Open Classroom
21.	2/3/62	M	2/120 in right eye. Sees hand movements with left eye. Nystagmus. Increased vision with corrective lenses.	Emotionally disturbed.	Classroom 3
22.	5/12/62	F	No light perception in both eyes.	Brain surgery 12/1/69; astrocytoma; left hemiparesis. Responded to rehabilitation.	Classroom 2 Resource Room Open Classroom
23.	10/31/66	M	Light perception in both eyes.	Brain surgery June,1971, benign subfrontal astrocytoma partially removed; responded to radiation.	Kindergarten

TABLE I - continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Room Placement
Preacademic Residential Students-Child Development Project Dormitory					
24.	5/24/66	M	Useful residual vision in the right eye. Improved vision with corrective lenses.	Borderline retardation; distractibility.	Kindergarten
25.	12/17/65	M	Light perception in right eye. Left eye enucleated.	Emotionally disturbed; recurrent bilateral serous otitis media.	Kindergarten
26.	3/24/65	M	Possible light perception in both eyes. RLF-cataracts.	Undetermined retardation, environmental deprivation; convulsive disorder.	Nursery

TABLE I - continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Room Placement
27.	7/25/65	F	15/200 in both eyes. Congenital aniridia, bilateral cataracts. Wears corrective lenses.	Wilm's tumor- one kidney removed; speech problem; teeth destroyed from medication.	Kindergarten
28.	5/15/63	F	No light perception in both eyes.	Resolving autism; moderately to mildly retarded.	Classroom 1 Open Classroom
29.	8/12/67	M	No light perception in both eyes. RLF	No speech; retardation. Severe hearing loss.	Special Program
30.	9/17/66	F	Useful residual vision in both eyes.	Microcephaly; undetermined retardation; immature emotional development.	Nursery

TABLE I - continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Room Placement
Preschool Part-time Children					
31.	7/6/69	F	Useful residual vision in both eyes. Congenital aniridia, Cataracts.	Language lag, retardation undetermined.	Toddler Class 2 mornings a week
32.	1/31/70	M	Light perception in both eyes. Microphthalmus RLF	Slow motor and language development.	Toddler Class 1 morning a week
33.	6/28/68	M	Useful residual vision in both eyes	Developmental lags	Toddler Class 2 mornings a week. Moved to Africa- January 1972
34.	8/21/67	F	No light perception in both eyes. Glaucoma	Developmental lags Sister of #28	Toddler Class 1 morning a week

TABLE I - continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Room Placement
35.	1/8/69	M	Light perception in both eyes.	Developmental lags	Toddler Class 1 morning a week
36.	11/27/67	F	Useful residual vision in both eyes.	Language difficulties; emotional immaturity; seizures.	Toddler Class 2 mornings a week
37.	11/3/67	M	Useful residual vision in both eyes. High myope. Wears corrective lenses.	Elective mutism; emotionally disturbed	Toddler Class 2 mornings a week
38.	1/20/70	F	Useful residual vision in both eyes. Congenital Anurosis	No diagnosed disabilities; needs visual and tactual stimulation and socialization opportunities	Toddler Class 1 morning a week

TABLE I - continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Room Placement
Auditorially & Visually Impaired Children with additional handicaps					
39.	11/18/63	M	Useful residual vision in right eye. No light perception in left eye. Wears bifocal spectacle lenses.	Rubella; no speech; profound hearing loss. Wears hearing aids.	Special class for "deaf-blind"
40.	8/25/55	M	2/200 in right eye Left eye enucleated. Masular degeneration	Profound hearing loss; Von Recklinghausen's Disease	Special class for "deaf-blind"
41.	10/22/65	F	Useful peripheral vision in both eyes Microphthalmus	Profound hearing loss; undetermined retardation	Special class for "deaf-blind"

TABLE I - continued

Student Number	Birthdate	Sex	Vision Information	Additional Handicaps	Room Placement
Children evaluated during a daytime or short term residential period					
42.	12/28/58	M	Possible light perception in both eyes	No language; undetermined retardation.	
43.	5/14/67	F	No eyes. Wearing prostheses	Emotional immaturity	Kindergarten May, 1972
44.	1/24/68	F	Right eye enucleated Light perception in left eye Congenital blindness	Developmental lag in speech, language and social areas.	Toddler Class April 1972 2 mornings a week

TABLE I - continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Room Placement
45.	7/1/62	M	20/800 in right eye 20/50 in left eye optic atrophy	Hydrocephalus arrested. Secondary to shunt; neurological impairments. Wheel chair needed most of the time but he is learning to walk using a quad cane	January 1972 1/2 day March 1972 Full day 8:30-3:30
46.	12/21/59	M	Possible useful residual vision with daily stimulation	Hydrocephalus arrested Secondary to shunt; retardation	
47.	5/27/65	F	5/200 in right eye Severe amblyopea-left eye Corrective lenses a possibility	Microcephalic; encephalopathy due to postnatal injury; spastic quadriplegia, severe	Kindergarten May 1972

Eleven visually handicapped children in the regular programs also participated in activities provided by the project staff.

IV. MAJOR OBJECTIVES

Implementation and Evaluation Procedures, Summaries of Pre-and Post-data, and Elimination of Gaps or Weaknesses for which the Project Objectives Were Designed

A. To determine behaviorally oriented tasks in the areas of orientation and mobility, communication skills, self-care skills, and socialization by means of objective assessment procedures for the individualized instruction of multiply handicapped blind children.

1. Implementation procedures

In order to further design individualized instruction and to advance the performance levels of multiply handicapped children in the Lower School, the children had to be accepted as learners and participants in the regular school educational program. All multiply handicapped children who were functioning at primary levels of development were assigned to one of three regular classrooms according to their chronological ages or peer groups at the beginning of the year. They participated in opening exercises in these classrooms each morning and in activities during the day depending on their abilities to respond to the academic instruction. All children in the Lower School had individualized schedules. There was a free flow of children between various special activities such as mobility training, visual stimulation, techniques of daily living, individual piano lessons, etc. and their classrooms. When multiply handicapped children were assigned to the Resource Room or Open Classroom (described under

Objective B) for special learning opportunities, they were not as conspicuous as when they were previously in a primary ungraded self-contained classroom. The multiply handicapped children were not labeled; their learning environments were defined. In some cases, with the help of teacher aides, practicum students and volunteers, primary school multiply handicapped children were able to remain in regular classrooms and participate in regular classroom activities or receive individual instruction under the guidance of the regular classroom teacher.

Staff members and/or outside evaluators determined behaviorally oriented tasks for the children by utilizing objective assessment instruments relevant to the child's functioning level and to his or her modes for learning and by observation of the child's behavior in specific situations. The assessment and teaching procedures followed the guidelines presented by Stephens in Directive Teaching for Children with Learning and Behavioral Handicaps[1] and in his Directive Teacher Training Kit.[2] Tasks the children did not perform on appropriate assessment scales and tests became tasks in sequential order for their individualized instruction.

The following activities were provided for the children in small groups or individually in addition to regular classroom curricula:

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[1]Thomas Stephens, Directive Teaching for Children with Learning and Behavioral Handicaps. Columbus: Charles E. Merrill (1969).

[2]Distributed by School Management Institute, Inc., Worthington, Ohio, 43085.

a. Visual stimulation

b. Development of listening skills

c. Expressive language and role-playing activities

d. Body image and spatial orientation experiences

e. Large and small muscle and manipulative activities

f. Techniques of daily living

g. Readiness or remedial academic training

h. Orientation and mobility training (Additional Title I Project)

Every possible channel for learning was stimulated and evaluated with each child and various approaches of learning were explored for each child who did not respond to regular classroom procedures.

Intervention was provided for young pre-academic children by child-care workers either individually or in small groups. A special nursery school environment was organized for children at the toddler stage of development, ages two to five years, who attended the School one or two mornings a week. Child-care workers provided individualized learning opportunities for pre-academic residential students from 7 a.m. until 8:30 p.m. each school day and Sunday evenings. The learning opportunities were developed according to each child's diagnostic and educational assessment information. They included instruction in daily living skills, language development, body-image and spatial orientation, motor development, socialization, emotional controls and gradual integration into the regular Nursery-Kindergarten classroom.

Behavior modification techniques were utilized to create an atmosphere where learning was a rewarding experience. Individualized instructional strategies contained positive reinforcements meaningful to each child. The rewards were presented systematically according to pre-established terminal criteria. According to the functioning levels of the children and their interest levels, rewards included food items, hugs and kisses, verbal praise, tokens redeemable at a "store" once a week, stars, grades and special off-campus activities.

2. Evaluation Procedures and Pre- and Post-data

Descriptions of the assessment scales and tests, procedures employed, and pre- and post-data will be grouped according to the different educational areas and the functioning levels of the children. Student numbers in the summarizing tables refer to Table 1, The Project Population.

Data which had been compiled for children who participated in previous Title I projects at the School and who were still enrolled in the Lower School were utilized as pre-data for this Project. Children in the primary classrooms with academic and behavior difficulties who were not participants in previous Child Development projects were recommended by staff members for assessment and individual attention.

Video tape recordings were taken periodically to present the children's responses to instruction and to illustrate assessment information in their case studies.

a. Orientation and Mobility

Previous Child Development projects for multiply handicapped children at Western Pennsylvania School for

Blind Children indicated the need for a comprehensive orientation and mobility training program at the primary level. A Title I Orientation and Mobility Project was funded for 1971-72.[1] The project staff, a certified mobility instructor and two aides, provided such instruction for all the primary and kindergarten children in the Lower School. The evaluation report of this special Orientation and Mobility Project will contain detailed information pertaining to the instruction, the assessment procedures and the pre- and post-data for the Lower School children. Since the Body-Image Survey Form by Cratty and Sams and the Orientation and Mobility Scale by Lord (short-form) were used in the development of individualized programs in previous Child Development projects, scores for these tests which were obtained by the Orientation and Mobility staff will be presented in this report, Table 2, as post-data for the children in the Lower School. In the future, orientation and mobility data will be confined to that project's evaluation report.

b. Communication Skills

In the development of individualized programs for the children, communication skills were divided into expressive and receptive language areas. Expressive language included oral and written forms, and receptive

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[1]Comprehensive Orientation and Mobility Program #48-7184-02-959.

ORIENTATION AND MOBILITY PRE- AND POST-DATA

Table 2

Body-Image Survey Form by Bryant J. Cratty and Theresa A. Sams. The scale contained 80 items. Scores were tabulated according to the number of items the child performed correctly. See Appendix A for scale.

Primary School Children

Student Number	Classroom Placements	Pre-Scores Jan. 1970	Pre-Scores June 1970	Pre-Scores June 1971	Pre-Scores Sept. 1971	Post-Scores June 1972	Gain or Loss Sept. 1971 to June 1972	Total Gain or Loss Jan. 1970 to June 1972
1.	Classroom 1 Open Classroom	17	33	48	43	57	+14	+40
3.	Classroom 3	59	78	79	72	80	+ 8	+21
4.	Classroom 1 Resource Room	40	31	63	66	80	+14	+40
5.	Classroom 2 Open Classroom	71	72	76	76	80	+ 4	+ 9
12.	Classroom 1 Open Classroom	29	28	47	53	73	+20	+44
28.	Classroom 1 Open Classroom	17	28	37	55	65	+10	+48
16.	Classroom 2	50	56	63	62	77	+15	+27
17	Classroom 3 Resource Room	absent	58	58	60	80	+20	+22
20.	Classroom 1 Resource Room Open Classroom	54	60	65	58	78	+20	+24
22.	Classroom 2 Open Classroom	absent	62	65	64	67	+ 3	+ 5

Table 2 Continued

Preacademic Residential Students

Student Number	Classroom Placements	Pre-Scores June 1971	Pre-Scores Sept. 1971	Post-Scores June, 1972	Gain or Loss Sept. 1971 to June 1972	Total Gain or Loss June 1971 to June 1972
24.	Nursery Kdg.	26	41	48	+ 7	+22
25.	Special Program	24	55	72	+17	+48
26.	Nursery Kdg.	27	not testable	54	---	+27
27.	Nursery Kdg.	absent	24	62	+38	---
10.	Nursery Kdg.	47	52	69	+17	+22
15.	Nursery Kdg.	36	32	56	+24	+20

Table 2 (Continued)

Orientation and Mobility Scale (Short-Form) by Francis E. Lord. The scale contained 25 items.

Primary School Children

Student Number	Pre-Scores Jan. 1970	June 1970	June 1971	Sept. 1971	Post-Scores June 1972	Gain or Loss 1971-72	Total Gain or Loss
1.	3	4 1/2	5 1/2	14	----	----	+11
3.	6	20	20 1/2	15	21	+ 6	+15
4.	12	6	13	17	21	+ 4	+ 9
5.	8	16	22 1/2	19	18	- 1	+10
12.	5	6	7 1/2	10	14	+ 4	+ 9
16.	8	11 1/2	absent	15	16	+ 1	+ 8
17.	13	18	absent	19	23	+ 4	+10
19.	--	----	24	20	23	+ 3	- 1
20.	8	17	13 1/2	19	15	- 4	+ 7
22.	absent	13	19	18	21	+ 3	+ 8

Table 2 (Continued)

Special Preacademic Students

Student Number	Pre-Scores June 1971	Pre-Scores Sept. 1971	Post-Scores June 1972	Gain or Loss 1971-72	Total Gain or Loss
24.	7 1/2	16	16	0	8 1/2
25.	10	Untestable	12	0	2
26.	5	Untestable	8	0	3

language involved the various modes of learning -- visual, auditory and tactual. The symbols for communication (language) ranged from primitive pre-verbal communications to symbols for communication by means of large type or braille or in terms of numerals for arithmetic problems.

Assessment scales were used to estimate the children's levels of performance and to obtain specific tasks for instruction.

Appropriate assessment tests and scales provided pre- and post-data for children at their various levels of development. For children previously in the Child Development projects for multiply handicapped children at the School, June 1970 and/or June 1971 scores were used as pre-scores, and June 1972 assessment scores as post-data. Children who participated for the first time this year were assessed in their areas of difficulty, or ability for suspected useful vision, when they were recommended for the project. Assessment scales and tests provided pre- and post-data and specific behaviorally oriented tasks for the children's individualized programs, but observed behavior unique to many of the children needed to be recorded. Monthly or quarterly progress reports were written by staff members to record objective and subjective information concerning the children's responses to instruction.

Weekly instructional strategies were developed and evaluated by staff members to provide samples of specific data about the child's response to instruction and reinforcement. These written reports not only provided frequent progress reports for each child's case study, but revealed staff members' feelings to which the director could respond with assistance if necessary. The reports also provided meaningful information for quarterly progress reports to parents. For primary school children, these reports supplemented report card grades. Sample reports are presented in Appendix A.

The Communicative Evaluation Chart from Infancy to Five Years compiled by Anderson, Miles, and Matheny was used for children in the early stages of language development. Pre- and post-data is presented in Table 3. The Maxfield-Buchholz Scale of Social Maturity for Use with Preschool Blind Children contains items relevant to communication as well as social skills and motor development. Pre-academic residential children were assessed with this scale, and their scores are recorded in Table 4 of this section. The scale was used to obtain a base for the part-time preschoolers as pre-scores for the 1972-73 School year.

The Barraga Visual Discrimination Test (Revised Edition) was used to obtain post-scores for primary school children who had responded to visual stimulation. Multiply handicapped children who had participated in

TABLE 3

Communication Evaluation Chart from Infancy to Five Years. Compiled by Ruth M. Anderson, Madeline Miles, and Patricia A. Matheny.

Only items dealing with the normal development and comprehension of language as a communicative tool were utilized. Items concerned with motor coordination and visual-motor responses were adapted and used as guidelines for the children's programs but were not appropriate for comparison scores. There are 92 language items on the chart ranging from a three-month to a five-year language level.

Child Number	Pre-Score Information			Post-Score Information			Gain or Loss	Instruction Period
	Date	Score	Language Level	Date	Score	Language Level		
31	October 1971	31	1 1/2 years	June 1972	37	1 3/4 years	+6	8 months-2 then 3 mornings a week
32	November 1971	26	1 year	June 1972	47	2 years	+21	7 months-One morning a week
35	November 1971	42	2 years	Deceased -- April, 1972				
34	October 1971	40	2 years	June 1972	62	4 years	+22	9 months-Two or three mornings a week
36	October 1971	27	1 year	June 1972	41	1 1/2 years	+14	9 months- Two mornings a week
37	January 1972	69	4 years	June 1972	77	4 1/2 years	+8	5 months-Two mornings a week
38	January 1972	45	2 years	June 1972	46	2 years	+1	5 months-One morning a week

TABLE 4

MAXFIELD-BUCHHOLZ SCALE OF SOCIAL MATURITY
FOR USE WITH PRESCHOOL BLIND CHILDREN

There are 95 items on the scale. The items range in sequential order of difficulty from infancy to six years of age. Social ages (S.A.) were computed in the Developmental Clinic of Children's Hospital evaluations.

Preacademic Residential Students

Student Number	Pre-Scores June 1971	Post-Scores June 1972	Gain or Loss	Comments
24	83	90	+7	At the C.A. of 4 years 5 months he scored a S.A. of 3 years 6 months; at the C.A. of 5 years 4 months (10/6/71) he scored a S.A. of 5 years. He was integrated into the kindergarten program.
25	64	78	+14	He required a one-to-one program with a child care worker.
26	50	63	+13	He required a one-to-one program with a child care worker. However, with this support he was able to participate in the Nursery-Kindergarten classroom.

Table 4 (continued)

Student Number	Pre-Scores June 1971	Post-Scores June 1972	Gain or Loss	Comments
27	79	82	+3	
10	-	81		She was not in the Child Development Project 1970-71.
15	81	87	+6	
30	37	67	+20	
1	83	94	+11	
28	76	82	+6	

Table 4 (continued)

Part-time Children (ages 2-5)

Student Number	Assessment Scores Chronological ages		June 1972	Attendance
	Year	Month		
44	4	6	38	Started in April, 1972. One morning a week.
31	3	-	50	Two then three mornings a week
32	2	6	47	One morning a week
34	4	11	63	Started in September, 1970. Attended once or twice a week. Sister to #28.
36	4	8	61	Two mornings a week
37	4	8	85	Two mornings a week
38	2	6	55	One morning a week

visually oriented reading readiness programs were introduced to the test for a pre-score base. The scores are presented in Table 5. The test was also used to verify the visual efficiency of three third graders who had been taught as braille students since kindergarten. They were refracted by an ophthalmologist and were able to benefit from corrective lenses. Their braille books were replaced with large type ones and they were encouraged to explore all kinds of materials visually. Now and in the future all kindergarten children with useful vision and suspected vision will receive visual stimulation. Those who respond favorably will have visually oriented educational programs.

An auditory comprehension assessment which had been organized for previous projects was used again for primary and pre-academic children. The assessment included the identification of environmental sounds from Auditory Training Familiar Sounds, No. T 139, produced by Developmental Learning Materials, Chicago, Illinois; items from Karnes' Helping Young Children Develop Language Skills, and recorded paragraphs from the Gilmore Oral Reading Test. A review of the results indicated that high scores were consistent with multiply handicapped children's success experiences as listening students in the regular grades. Pre- and post-scores are presented in Table 6.

TABLE 5

Barraga Visual Descrimination Test (Revised)

There are 48 items on the test.

Primary School Children

Student Number	Pre-Scores June, 1971	Post-Scores June, 1972	Gains or Losses	Comments
1	1	0	-1	No visual responses to this test but he was responding to visual stimulation at a much simpler level.
2	32	38	+6	He was refracted and corrective lenses were prescribed.
5	32	41	+9	
17	37	40	+3	
21		38		He was refracted and corrective lenses were prescribed. He had been a braille student since kindergarten; as a third grader in this project, he was a large type student for the first time.

TABLE 5 (CONTINUED)

Kindergarten Students

Student Number	Assessment Scores June, 1972	Comments
11	39	
15	38	
24	19	He had difficulties with reversals and fine discriminations which lowered his score but showed potential for large type reading.
27	12	

TABLE 6
Auditory Comprehension

Primary School Children

Student Number	Pre-Scores June 1971 Form A	Post-Scores June 1972 Form B	Gain or Loss
2	33	32	-1
3	39	47	+8
4	15	42	+27
5	20	24	+4
6	24	41	+17
7		30	
9		31	
12	13	20	+7
28	8	12	+4
13		50	
16	32	25	-7 Hearing loss; aided
17	32	52	+20
19	37	62	+25

TABLE 6 CONTINUED
Auditory Comprehension

Primary School Children

Student Number	Pre-Scores June 1971 Form A	Post-Scores June 1972 Form B	Gain or Loss
20	12	32	+20
22	33	39	+6

Preacademic Residential Students

24	10	28	+18
25	8	7	-1
26	6	7	+1
27		2	
10	6	9	+3
11		10	
15	8	23	+15

Differences among the items on the Roughness Discrimination Test designed by Nolan and Morris were too fine for young multiply handicapped children with no useful vision. Various materials with extreme texture contrasts were presented to such children to develop their tactual discrimination. Their progress in the Touch and Tell Series and then their recognition of braille letters and words were recorded.

The Kindergarten Evaluation of Learning Potential (KELP) by Wilson and Robeck was used to assess children at readiness levels in the development of reading, writing and arithmetic. Pre- and post-scores are presented in Table 7.

To further develop individualized programming, a resource room was started for diagnostic-remedial work and academic training for children with learning problems in reading, writing and arithmetic. The Resource Room teacher, a professional with 35 years of teaching experience including 15 years of working with retarded and slow-learning children, met with 20 children during the year. They were scheduled to the Resource Room individually or in small groups. The length of their sessions depended on their attention spans. The teacher met frequently with the children's other teachers to share diagnostic information and to coordinate her remedial work with the classroom activities.

Since the work with each child or small group was highly specialized and for different periods during the

TABLE 7

Kindergarten Evaluation of Learning Potential (K E L P) by John Wilson and Mildred Robeck

The KELP test was designed to be used for evaluation as well as teaching. Items relevant for the assessment of visually limited and totally blind children were selected.

Children with no useful vision
66 points total score for the assessment

Student Number	Pre-Scores June, 1971	Post-Scores June, 1972	Gain or Loss	Comments
4	45	65	+20	
26	10	absent		
10	14	31	+17	Was not able to perform tasks requiring motor skills
12	18	58	+40	
28	37	63	+26	
23		51		Started at W.P.S.B.C. 12/7/71

TABLE 7 CONTINUED

Children with useful vision
84 points total score for the assessment

Student Number	Pre-Scores June, 1971	Post-Scores June, 1972	Gain or Loss	Comments
1	47	25	-22	He completed only two pages and had to go home because of illness. He was absent for the rest of the school year due to an ear infection.
24	25	70	+45	He also demonstrated telling time with a clock with large numerals and described activities for various times of the day. i.e. 8:00 a.m.--breakfast
5	75	84	+9	
27	36	41	+5	
15	33	67	+34	

year, it was not possible to group data into a chart form. Therefore, two examples of her reports are presented.

(1) Remedial Arithmetic Report -- Resource Room -- 1971-72
9:30 - 10:10 a.m. daily

Student No.	C.A.	Classroom	Mode of Learning
6	10 years, 1 month	2	Braille
9	9 years, 3 months	2	Braille
13	8 years	2	Large Type
17	9 years, 8 months	3	Large Type

The group had such meager number concepts that the first grading period was spent in essentially a number readiness program.

During this time we:

Reviewed rote counting

Played counting games, using many kinds of manipulative materials.

Played number recognition games

Practiced writing numbers to ten

Learned to count odd and even numbers

Dramatized simple number stories

Played games to give meaning to the number terms: bigger, more, greater; smaller, less, not as much.

Matched numerals and number words

Then we began to:

Discover and state addition facts to 10 by manipulating many kinds of objects.

Learn to state in own words the addition facts to 10; later, the subtraction facts.

Learn to use the Numberaid to discover addition facts; later, subtraction facts.

Learn to read and write addition equations to 10 in both vertical and horizontal form; later, subtraction equations in the same way.

Learn the appropriate numerical terminology for addition; later, for subtraction.

Learn to record simple story problems.

Use the terms sum and remainder when appropriate

Learn that changing the order of the addends does not change the sum. This was done with the use of Structural Arithmetic manipulative materials by the sighted children and by use of the Numberaid and "Number Hill" by the blind children.

Subtraction was presented as the reverse of addition rather than as a discrete segment.

Also presented was the telling of time by the full hour and half hour.

The last two weeks were spent in learning value of coins; penny, nickel, dime and quarter, and in counting change to twenty-five cents.

The children became proficient in using manipulative materials to discover the addition and subtraction facts to ten. We frequently played number card games to test their mastery of these facts. I believe they now know these facts, but all experienced great difficulty in applying this knowledge to the solving of simple problems.

All seemed to have no trouble learning to tell time by the hour, but telling time by the half hour proved to be very difficult for all but student 17. We talked about telling time by the quarter hour, but I don't feel tnat any of the children really understood.

I found all the children to have NO knowledge of money value. In fact, none of them knew the names of any of the coins! Although they can now recite that a penny is a one; a nickel is a five; etc., they have not mastered the counting of change to twenty-five cents, although we spent over a week doing nothing else -- using real coins.

It is obvious that these children are going to continue to be very slow in mastering the fundamentals of an elementary mathematics program. I recommend they continue to have a program tailored for their development levels.

(2) Remedial Reading Report -- Resource Room -- 1971-72
11:10 - 11:35 a.m. daily

Student No.	C.A.	Classroom	Mode of Learning
13	8 years, 11 months	Homeroom 2 Reading as a listening student in Classroom 3	Large Type Auditory
18	9 years	Homeroom 2 Reading as a listening student in classroom 3	Large Type Auditory

Originally Student No. 19 was scheduled for remedial help in reading and spelling. At first, the paragraphs and words of the second grade spelling textbook, Sound and Sense in Spelling, were used. It was soon decided that his greatest need for help was in the area of reading. He was then seen for remedial reading Monday through Thursday for 25-minute periods each day. This

remedial reading was coordinated with his reading instruction in Classrooms 2 and 3. Student No. 18 joined him in March as recommended by his teacher.

The following books were read and discussed:

Student No. 19

The Big Show, pre-primer 3, Houghton Mifflin

All in a Day, pre-primer 3, Betts

Students No. 19 and No. 18

Around Green Hills, Grade 1, Betts, to page 110

In September, 1971 Student No. 19 was tested on the Dolch Word List for first grade; he received a score of 44 out of 80; and in June, 1972 he received a score of 75. Student No. 18 received a score of 78 out of 80 in June, 1972.

Staff evaluations of the Resource Room indicated the need for its continuation in 1972-73. Primary children in Classrooms 1, 2 and 3 will be divided into five developmental groups. In the morning, children in need of specialized remedial help will be assigned to the Resource Room teacher and her aide instead of being scheduled for 25-minute sessions. Children with emotional and behavioral problems and in need of remedial help will be assigned to a specially designed classroom. In the afternoon, the Resource Room teacher will further develop individualized programs for multiply handicapped children on a one-to-one basis or in groups of two or three for 50-minute periods.

c. Self-Care Skills

Primary school children who had not mastered independence in the performance of daily living skills were given instruction in the dormitories and in techniques of daily living classes. Check lists designed by Rigby and Woodcock to give teacher-counselors in a Demonstration Program at the Oregon State School for the Blind a step-by-step method of evaluation of personal hygiene skills such as washing, bathing, care of hair, dressing and toileting, were used to evaluate the children's progress.

Instruction and encouragement toward the performance of daily living skills was a major part of the programs for the pre-academic residential children. Each child was at a different level of performance and child-care workers followed a Manual for the Developme nt of Self-Help Skills in Multiple Handicapped Children designed by Hart at George Peabody College. They taught the children in small steps along a continuum from physical and verbal help to physical guidance and verbal help to slight physical cue and verbal help to only a verbal cue to total independence. The children were rewarded for approximations and then for each step toward independence. Hart Scales were completed as pre-data for the pre-academic children for 1972-73.

For 1971-72 pre- and post-data, child-care workers and houseparents completed the Rigby and Woodcock check lists in June, 1971 and in June, 1972. The June, 1972

TABLE 8

Self-Care Skills Accomplished between June 1971 and June 1972

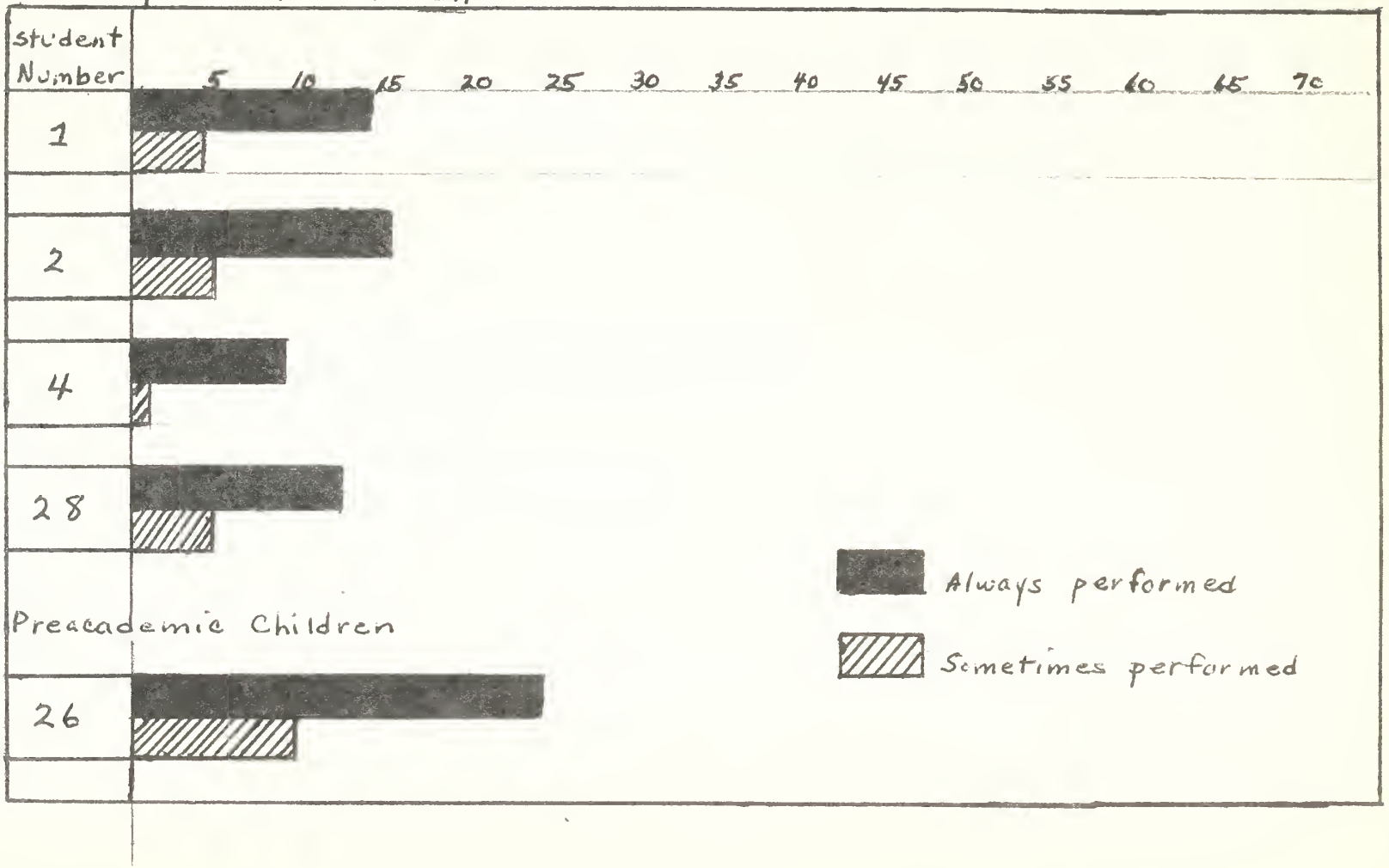
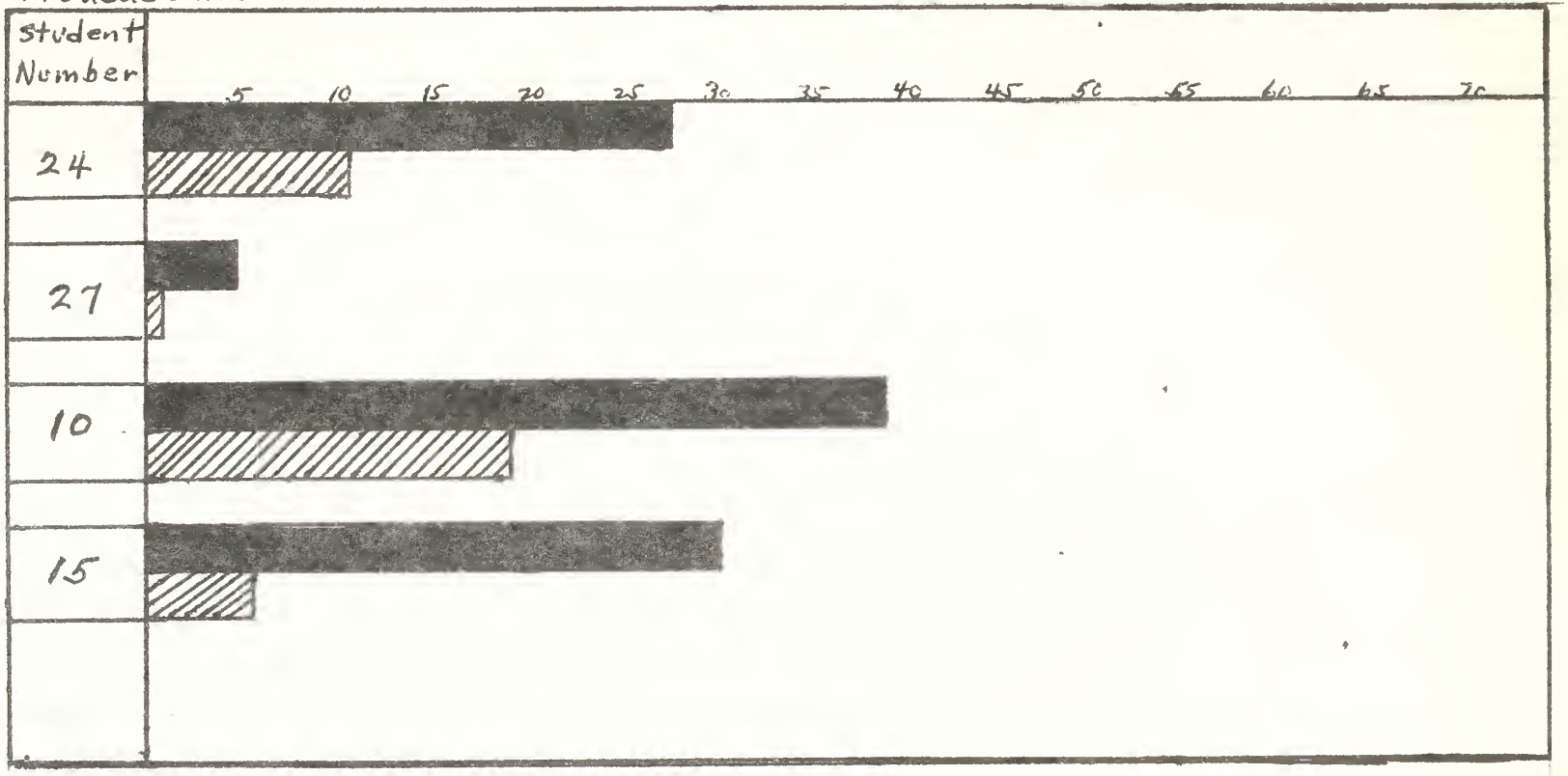


TABLE 8 (continued)

Self-Care Skills Accomplished between June 1971 and June 1972

Preacademic Children



check lists were marked for each child without reference to his June, 1971 one. A comparison of the two check lists indicated tasks the children had accomplished during the year. Table 6 presents a tabulation of the number of tasks each child learned to perform.

d. Social Skills

Items from the Maxfield-Buchholz Social Maturity Scale for Use with Preschool Blind Children and the Fireside Social Adjustment Guide -- the Child in School were used as guidelines for assessing and developing social skills appropriate to the children's conduct in a residential school. Maxfield-Buchholz pre- and post-scores are presented in Table 4. Primary school children with learning and/or behavior problems attended the Open Classroom for various parts of the day. The Fireside Guide was used to provide pre- and post-numerical scores for those children which are presented in Table 9 under Objective B. The items were often not appropriate and it was important to write specific objectives unique to each child and to evaluate the child individually in terms of whether he was accomplishing his objectives. Such information concerning each child is available in his case study.

In general, there was a social atmosphere in the Lower School. Children were actively involved in meaningful experiences with each other and/or adults. Children who had previously been discipline problems had appropriate

outlets for their energies. In this atmosphere they seemed to accept rules and limitations which were needed in a school setting. The listening and understanding adult was also an important factor in preventing misbehavior among children who had the ability to verbalize their frustrations. Another factor was a consistency toward child management which developed from weekly staff meetings.

B. To alleviate specific behavior problems for emotionally disturbed blind children and blind children with unusual management problems who will be enrolled in a special classroom with a program designed for such multiply handicapped children.

A classroom program adapted from techniques utilized in Open Classrooms was developed for the children. The purpose of the classroom was to provide a warm and understanding environment in order to facilitate the children's emotional growth and development and to provide individualized learning opportunities determined by the children's developmental levels and interests. The program involved both affective and academic education.

Through affective education, children were encouraged to express their feelings both positive and negative (i.e. fear, anger, joy, etc.) and to attempt to arrive at the reason behind their feelings whether they be real or fantasized. Affective education involved activities such as the use of art media, music, socio-drama and play. Academic materials were often introduced by means of games, mostly teacher-made, for large type and braille students. Underlying the game approach were behavior modification techniques. Children had opportunities to earn previously chosen rewards when they displayed the social interaction, cooperation and/or cognitive accomplishments particular to the objectives specified for their individualized programs. Children learned to share materials, to take turns in the game situations, to win and to lose appropriately, and to create their own games. Parallel play often encouraged a withdrawn child to try an activity initiated by a more outgoing

child. Through indirect guidance, interaction was often stimulated. Group interaction was successfully encouraged through activities, such as making jello, ice cream, root beer, cakes, etc. for special occasions.

The classroom contained the following free learning centers:

1. Miniature home and dress-up area
2. Animal section
3. Record-book area
4. Science-math activity center
5. Carpet and gym mat area for exercise and free movement
6. Educational toys cupboards
7. Arts and crafts table and corner
8. Visual stimulation activity area

The program attempted to maintain a 2:1 ratio of children to adult. Volunteers and practicum students were most helpful in providing this ratio. At peak times there were seven children in the classroom at a time. The staff provided activities during classroom hours for up to 25 children per week. Children were scheduled for various periods of time according to teacher recommendations at staffings.

Special interests played an important part in the open classroom; for when the students initiated activities, the adult supported or guided them.

A professional experienced as a teacher and art therapist and a mental health consultant met with the Open Classroom team at least twice a month as a resource person for affective education. She also met with Lower School staff at evaluation and in-service training

meetings during the year to help implement the program and stimulate group dynamics.

Teachers will be further developing the Open Classroom techniques in their classrooms in 1972-73. No one room will be called The Open Classroom; the approach will be that of the Lower School program depending on the needs of the children.

However, plans are proposed for the further development in 1972-73 of the special classroom program to alleviate specific behavior problems of visually handicapped children with unusual management problems.

A child psychiatrist observed the four emotionally disturbed children in the special classroom every six weeks and then discussed his observations and instructors' questions at staff meetings. He provided support for the staff's efforts and suggestions for the children's programs. Medication was prescribed for two of the children in the project. He also observed toddlers and pre-academic children who appeared to have emotional problems.

The Bristol Guide was utilized for pre- and post-data concerning children who attended the Open Classroom. Different teachers and child-care workers completed the forms for the children in October, 1971 and in June, 1972. The scores are presented in Table 9. While the Guide provided evaluative information, specific observational reports were more meaningful. Items on the Guide were inappropriate for many of the children and items pertaining to many of the children's individualized programs were not listed.

Children #1 and #28, who were diagnosed as psychotic and who attended the Open Classroom the greater part of their school days, continued to make remarkable progress in terms of their relationships

Table 9

THE BRISTOL SOCIAL ADJUSTMENT GUIDE-THE CHILD IN SCHOOL

by D.M. Stott and Emily G. Sykes

This guide offers a means of systematic recording of the behavior of children between the ages of 5 and 16 for the assessment of social adjustment in the areas of attitudes towards the teacher, attitudes to school work, attitudes to games and play, attitudes to other children, and personal characteristics such as attendance, care of belongings, and care for appearance. Scores were obtained by counting the number of indications of behavior disturbances underlined by the adult. Lower scores represent improved behavior according to the items on the guide.

Special Classroom Students (3 or 4 hours a day)

Student Number	Pre-Scores October, 1971	Post-Scores June, 1972	Improvements	Regressions
1	32	21	11	
25	33	21	12	
12	22	19	3	
28	11	26		15*

Table 9 (continued)

Students who attended for short periods of time

Student Numbers	Pre-Scores October, 1971	Post-Scores June, 1972	Improvements	Regressions
4	17	22	-	5
5	42	25	17	
6	26	2	24	
7	14	7	7	
11	30	7	23	
13	23	27		4
20	17	35	18	
21	28	29		1

Table 9 (continued)

Student Number	Pre-Scores October, 1971	Post-Scores June, 1972	Improvements	Regressions
22	12	19		7

*The pre and post-evaluators each noted that this guide was not appropriate for the child.

with people, conformity to management procedures in the School setting, expressive language, and responses to reading and arithmetic readiness. Although children #12 and #25 progressed slowly and demanded constant structure from adults in order to perform positively, they did make gains. Hopefully the results of this year's input will be realized in their emotional and academic growth in 1972-73.

C. To further provide extended day activities (after 3:30 p.m.) for children in the primary grades.

The organization of clubs for primary school children, Monday through Thursday afternoons, provided opportunities for the reinforcement and enrichment of their day-time learning experiences. The multiply handicapped and the non-multiply handicapped children participated together and learned to make and implement their club rules democratically with the guidance of the open classroom team. Children joined clubs of their interests voluntarily and helped in the planning and evaluating of activities. Club field trips were often coordinated with the children's teachers and related to classroom activities. Volunteers contributed their abilities and personalities in assisting with the club activities; they also gained practical experience in working with exceptional children. Many factors contributed to the gains children made in their educational programs, and it was felt among the staff that the extended day program was a contributing factor. Detailed evaluative reports which were written by the staff members in charge of the clubs include their objectives; whether they and the children felt the objectives were met; and suggestions for future such activities. These reports will be very helpful in planning extended day activities which will be continued in 1972-73.

Forty children particpated in six different clubs once a week. Some children belonged to more than one club. Ice skating was initiated by one of the Lower School parents in January, 1972 and became a popular part of the extended day program. Twelve children

learned to skate alone or with adult help. The children also enjoyed having their dinners at the ice skating rink.

The following list of clubs and their accomplishments are summarized from the reports to provide evaluative information of the extended day program.

Second and Third Grade Science Clubs - Mondays 3:45 p.m. to 4:45
Wednesdays 3:45 p.m. to 4:45

Average attendance: 2nd Grade, 8 boys and girls
3rd Grade, 9 boys and girls

Activities: Nature study hikes and discussions; dinner cook-outs; planning and construction of crystal radio sets; visit to WQED educational TV Channel; discussion of hospital procedures and field trip to Children's Hospital Hematology, Urology, and X-ray laboratories; discussions about airplanes and their operation and field trip to TWA services at the Greater Pittsburgh International Airport.

Lower School Girls Club - Thursdays 3:30 p.m. to 4:45

Average attendance: 8 girls

Activities: TDL experiences, such as sewing, cooking, baking, arts and crafts, free play and socialization activities; visits to Carnegie Art Museum, a day care center, drug store, hardware store, Phipps Conservatory, and School facilities, such as wood and metal shops; planting and discussing problems related to ecology; writing letters to people who they visited in the community.

Music Club - Mondays 3:30 p.m. to 4:15

Average attendance: Attendance began with approximately 10 children and increased to an average of 15 to 20 boys and girls. The club started with first and second graders and expanded to include kindergarten and third grade children.

Activities: Experiences in movement and mood in response to a variety of musical records; experiences in song and drama; relaxation and singing with guitar accompaniment.

Ice Skating Club - Tuesdays 3:30 p.m. to 6:00

Average attendance: 10 boys and girls

Activities: Ice skating instruction and opportunities for practice at the Monroeville Ice Skating Rink; dinner off-campus picnic style; socialization opportunities with other children and adults in the community.

Boys' Junior Scout Club - Thursday 3:45 p.m. to 4:45

Average attendance: 12 boys

Activities: Two cook-outs; visit to nature museum; two overnight sleep-outs; nature study; building bird houses; study of the Boy Scout oath and laws in preparation for joining the Boy Scout Troop in the Upper School; study of water safety and first aid.

During after-class hours when clubs were not scheduled, extended day staff members and volunteers met individually with multiply handicapped primary school children who were not developmentally able

or didn't care to join any of the clubs. The adults provided learning opportunities toward the child's accomplishment of tasks in his program in a recreational manner. For example, children were excited about going for a walk to the ice cream store, but within the experience were planned objectives such as an opportunity for the child to talk about his feelings or to relate a story to a listening adult, to gain mobility experiences at his level, to properly order his ice cream cone and to go through the arithmetic and money steps to pay for it. Nine children had these kinds of individual experiences at least once a week.

D. To evaluate and educationally assess young blind children during a day-time or short-term residential period to obtain information for parental guidance and information for future placement.

Children #42, #43, #44, #45, #46 and #47 were evaluated and educationally assessed during the year. After an initial interview with the children, their parents, caseworkers and members of the School staff, arrangements were made for day-time or short-term residential periods to observe the children's responses to a variety of educational tasks. Child #42, however, was not scheduled for further evaluations. At 13 years of age, he had no language, few independent skills, and required primary behavior modification techniques in order to function appropriately. Four of the children, #43, #44, #45 and #47 participated in the School program for trial periods and were then enrolled in the program for the rest of the year. #43 and #47 were placed in the Nursery-Kindergarten; #44 in the toddler program two mornings a week; and #45, a resident at the Home for Crippled Children, was placed in Classroom 2 8:30 a.m. to 3:30 p.m.; #47 has been a resident at Western Pennsylvania State School and Hospital. Arrangements were made for her transportation to and from the two agencies. These children should profit from individualized learning opportunities in the proposed Title I multiply handicapped for 1972-73.

Child #46 was assessed for a three-day residential period. His foster grandmother at Ebensburg State School and Hospital accompanied him. Although the assessment information indicated that at the time placement in the School program was not feasible, an educational program at Ebensburg was recommended for him. His case study

(Appendix B) which includes medical information, educational assessments and recommendations was sent to staff members at Ebensburg. This case study is an example of the evaluative information which is obtained during a short-term residential period and its organization.

The development of a project for visually handicapped retardates at Ebensburg and the interest and concern over #46's case led to a workshop presented at Ebensburg by staff members of the Title I Orientation and Mobility Project and the director. The workshop emphasized pre-cane and human guide mobility skills, the development of channels for learning, and the use of behavior modification techniques with blind multiply handicapped children. The day-long workshop for approximately 50 staff members not only disseminated information about the two Title I projects at the School, but further developed working relationships between the two agencies.

E. To continue and further develop educational and counseling opportunities for the parents.

Ten parent meetings were held during the year. Programs for the meetings were suggested by the parents at planning meetings last year and this year. Parent recommendations to combine the General Parent Teacher Organization (PTO) meetings and Lower School meetings on Sundays instead of the General meetings on Tuesdays and the Lower School ones on Sundays were very successful. The four General (PTO) meetings were well attended by parents and staff. There was an average attendance of 15 at the six meetings of parents of the Lower School children.

The programs were as follows:

September - Informal planning meeting with staff members.

October - General PTO meeting. Orientation and mobility presentation by Robert Hughes, School administrator and mobility instructor.

November - Dr. Ann Ruben, mental health consultant, guest speaker.

December - General PTO meeting. Panel presentation by School medical staff.

January - Discussion of children's moods and emotions.

February - Student demonstration and discussion led by Mrs. Geraline Caputo, girls' physical education and health teacher.

March - Student Showboat Program directed by Merle Rager, housefather, and Open House.

April - Discussion of viewpoints concerning discipline, punishment and praise.

May - General PTO. Panel discussion of alumni students' work experiences led by Dr. Regis Ferson, assistant superintendent.

June - Discussion concerning Upper School program led by Dr. Donald Wonderling, principal of the Upper School and Mrs. Norma Duda, third grade teacher.

The director and Mr. Haskell Hollander, psychiatric social worker, attended all the meetings, led the discussions, and at parent requests stayed after the meetings to discuss individual situations with some of the parents.

Twenty-four Lower School parents completed questionnaires in June, 1972 (See Appendix C for a sample questionnaire). They indicated that the Student Showboat program and Open House in April and the planning meeting in September were of most value to them. The rest of the meetings received about an equal number of checks.

Informal discussions, student presentations, and guest speakers received the greatest number of requests in that order for 1972-73.

The questionnaires indicated that the best ways the staff can help the parents and their children are to have an Open House, small group discussions, and classroom visitations. (An Open House was scheduled by the staff for the first Sunday in November, 1973).

Seven parents indicated that Sunday evenings were the best times for meetings. Other parents did not state a preference.

It was suggested by three parents that the Parent Newsletter contain more articles about children and their activities. The Parent Newsletter was distributed at each meeting. (See Appendix D for sample Newsletter.) It was sent to the homes of parents who

did not attend to provide a means of school communication.

Mr. Hollander noted the following trends in the parent meetings:

1. Parents were thinking about the transition from the Lower School to the Upper School programs. Parents whose children had just started to attend the Upper School returned to the Lower School meetings and desired meetings within the Upper School framework.
2. The parent program provided leadership training and interest in the General PTO. (A father of a multiply handicapped child who attended the Pilot Project accepted the responsibilities of vice-president of the PTO for 1972-73.
3. Parents of young multiply handicapped children have attended faithfully and should form a nucleus for future meetings.
4. The organization has started to widen its scope beyond an educational and social experience to more concern and realistic thinking about the future.
5. There was continuity in the parent programs within the three years; the programs were well organized and a group of parents responded cooperatively.
6. Few parents of primary school children in the regular classrooms attended the meetings.

Individual parent conferences were encouraged and arranged throughout the year. In the Spring a discussion group was organized by the director for mothers of children in the morning toddler group.

The parents contracted to meet for seven Wednesdays. The discussion centered around child management techniques. Three or four mothers attended the meetings. The meetings mostly ran way past the planned hour and the parents asked for the continuance of the meetings in 1972-73.

Another discussion group of mothers of children in the Nursery-Kindergarten was conducted for six Fridays at the end of the year. The discussions were led by the mental health consultant. An average of five mothers became very involved in this group discussion and also requested that the discussions be continued.

There was a great need for the mothers to discuss their children and their feelings about them with professionals. In the group process they seemed to find suggestions for problem-solving.

F. Two practical nurses will provide improved and special health services for young visually impaired children with one or more additional disabling conditions.

1. Implementation procedures

A Health Center was organized on the second floor of the Lower School as a subsidiary of the Health Center in the Upper School building. It was maintained from 7 a.m. to 10 p.m. each school day and Sunday evenings when many children return to School. A nurse was employed to be on duty from 7 a.m. to 3 p.m. and another from 2 p.m. to 10 p.m. The nurses administered the many medical services required by the increased number of multiply handicapped children as well as those of the regular students.

2. Evaluation procedures and pre- and post-data

The nurses recorded information about all admissions to the Health Center. Their other responsibilities, which included scheduled administration of medications, administration of medications when necessary, hygienic care of the eyes and of skin conditions, instructions for children on special diets, bi-weekly weight reports, implementation of a University of Pittsburgh Dental Research Project and assistance for the School physician's visitations, were recorded and tabulated monthly. The statistical information is charted in Table 10. Student No. 6, who is paralyzed from the waist down, had to be creded three times a day. Such nursing services made it possible for this child, a

Table 10

Monthly Activities of Lower School Health Center

Numbers represent number of children who received services.

Services	Months February	March	April*	May	June**
Scheduled administrations of medications, eye drops, vitamin pills, etc.	125	84	92	104	60
Daily administration of medicines when necessary	50	50	28	40	35
Admissions to Health Center					
Illnesses	16	13	11	21	8
Accidents	15	11	13	10	10
Weight charts updated Mondays and Fridays	10	10	10	10	10
Special diets arranged with Food Service staff	12	12	12	11	9
Daily hygiene care of eyes and skin conditions	25	20	30	20	10
School pediatrician's visits	16	8	6	4	4
Mouthwash research	16 2x/day	16	16	16	16

* Children were on Spring vacation 7 school days.

** School recessed for the summer, June 15, 1972.

resident at the Home for Crippled Children, to participate in the School programs for a full day.

There were indications that the Health Center services provided preventive medical care or that immediate care shortened the duration of illnesses. In 1970-71 45 students were absent 1,025 days, and in 1971-72, 47 students were absent 661 days.

The nurses established relationships with the children, staff members and parents which are important to note. First, they maintained friendly relationships on a daily basis with the children, which helped to ameliorate situations where previously young children were afraid of a strange nurse at the time of an illness or emergency. Also, previously the nurses in the Upper School building were unfamiliar with the characteristics and needs of the complex multiply handicapped children. The project nurses studied the children's medical, psycho-social and educational reports and became acquainted with the children and their child-care workers. Second, parents learned to check in with the nurses when they brought their children back to School after an absence. Many parents discussed health problems with the nurses. Third, communications with staff members led to the establishment of health rules and procedures in the classrooms and dormitories. The nurses participated in some of the Lower School meetings. They were invited by teachers on two occasions to tell the students about the role of nurses. The School has proposed to continue the Health Center in the Lower School for 1972-73.

G. Child-care workers will provide individualized instruction and behavior modification techniques for children in the various dormitory settings.

The employment of three child-care workers was necessary in order to admit three children with complex learning and behavior problems as residential students. The children were functioning at low developmental levels for their ages, and it was felt that they would profit from the daily routine in a dormitory program and from additional time with structured learning experiences. Also, they lived more than fifty miles from Pittsburgh, and thus, transportation was difficult for the parents and for the children.

Children #25 and #30 were part-time students in 1970 and until November, 1971. When the amendment to this project was funded in November, 1971, child-care workers were employed and the children were admitted as residential students. The morning shift child-care worker, who worked from 7 a.m. to 2 p.m., used behavior modification techniques to encourage the children to perform daily living skills. The afternoon child-care worker, who worked from 2 p.m. to 9 p.m., was careful to utilize the same techniques. When child #30 was integratedinto the Nursery-Kindergarten program, her child-care worker was able to provide learning opportunities for two additional toddlers in the morning preschool program, 9 to 11:30 a.m.

Child #14 was admitted to the School at the beginning of School year as a residential student and lived in the dormitory for primary school children. He was functioning at a trainable level and was placed in a special class with children at a similar developmental level. He wasn't toilet trained and needed physical and verbal help

for all daily living skills. It was impossible for his housefather to supervise and assist the other boys in his charge and still provide the one-to-one care that Child #14 required. For him to remain at school, an unusual schedule was arranged for hischild-care worker. He arrived for duty at 6:30 a.m. each day and taught him step-by-step tasks toward the accomplishment of daily living skills. The child-care worker often had to bath the child and completely change his bed. At 8:30 a.m. the child was taken to his classroom and his child-care worker was off duty until 3 p.m. He then met with #14's teacher and observed him in the classroom to develop continuity between the classroom and dormitory programs. The child-care worker assisted the housefather with other children who lived in the Lower School dormitory, but most of his time had to be spent with Child #14 to reinforce his program and diligently use behavior modification techniques.

It was discovered that the Bristol Social Adjustment Guide was not appropriate for thee children. The child-care workers' charts and monthly reports of observed behavior provided information specifically related to their efforts in helping the children develop self-care skills. For this project narrative, it appears that samples from their reports on the three children discussed above provide the most meaningful form of evaluative data.

Child #25

There were three main goals for this emotionally disturbed child's individualized program.

1. Tasks toward integration into Kindergarten
2. Reduction of negative behavior
3. Performance of specific self-care skills

Daily progress charts which were kept in these particular areas, backed up by descriptive notes in log form, monthly summary reports and instructional strategy forms of specific tasks revealed slow but steady progress with occasional expected regressions. For example, he progressed from eating sand, wood, styrafoam and the like to eating appropriate foods. However, he started to gain excessively. His eating was modified to the point where he could accept limited portions. He responded to verbal praise and special treats such as a piggy-back ride. He also learned to stand to urinate, to flush the toilet once instead of many times, and to regulate the proper flow of water from the hot and cold water faucets. (Appendix E provides a sample chart and report.)

As an indication of his progress in self-care skills, in January there were six negative marks on the progress chart; while in June, there were none.

Child #30

This five-year-old girl with retarded motor and cognitive development came to the School with very primitive eating habits. She refused all foods except cookies. By January, she was taking a complete meal if spoon fed by the child-care worker for a cookie reward. Steps in teaching her to feed herself were counter-productive, since she learned to grasp the spoon but refused to eat with it for any reward. Her eating tasks were then revised to again increasing her appetite and interest in food. She was verbally praised for even attempting to eat meats, vegetables, etc. All teachers were advised to eliminate snack rewards. Although she did not eat full meals again as she did in January, by June she did start to eat on her own volition when told it was almost

time to leave the dining-room. She even ate three pieces of chicken at one meal without prodding.

Child #14

With the support and attention of the child-care worker, this nine-year-old retarded child learned to ask when he needed to go to the bathroom, although he needed help in locating the various ones. Accidents were rare. In November, he had to be dressed; by June, he learned to dress himself if the clothing were handed to him. With braille tape in his right shoe, he put his shoes on alone correctly. He was at a readiness level for acquiring these self-care skills; previously at home he had not been called upon to initiate them himself or rewarded for attempts. Cognitively, he was functioning at a preacademic level. However, he made slow steady gains in performing self-care skills such as those mentioned above and others, and improved in the areas of expressive language, socialization and mobility.

H. A specialist in language and communication disorders will develop a program for auditorially and visually impaired children with additional handicaps.

This objective was implemented as a pilot project to determine the feasibility of developing a program for deaf-blind children at the School. It was not possible to locate a language and communication specialist to teach the four children in the pilot project beginning in January, 1972. However, a recent graduate of Indiana University with a major in special education for the retarded was available and very interested in working with and learning about the children. Consultive services were then purchased from the Pittsburgh Hearing and Speech Society. The pilot project teacher and a child care worker attended classes at the Society Monday evenings to learn manual communication skills. The consultant, a teacher of the deaf, worked with the children two mornings a week to teach them signing and to evaluate their responses to auditory and language stimulation. She conferred with staff members each week to coordinate her teaching with theirs. She provided orientation concerning each child which involved:

1. Hearing aid orientation
2. Auditory training
3. Tactile training
4. Environmental awareness
5. Manual communication

Her comprehensive June, 1972 evaluation reports for each child

emphasized:

1. Continuation of the deaf-blind program at the School under the direct supervision of a full-time teacher of the deaf-blind or a teacher of the deaf.
2. Introduction of a concentrated program of language development via the use of a total approach to communication.
3. Involvement of all personnel with educational and communication techniques conducive to the education of multiply handicapped deaf students.
4. Continuation of on-going programs in mobility, visual, tactile and olfactory stimulation, self-care skills and socialization for the children.
5. Development of specific objectives for a sequential step-by-step cognitive curriculum for deaf-blind children.
6. Encouragement of parent counseling and parent attendance at sign classes at the Pittsburgh Hearing and Speech Society.
7. Audiological analysis and hearing aid evaluations every six months.

A plan has been proposed for the continuation and further development of a deaf-blind program at the School in 1972-73 which includes the employment of a full-time teacher of the deaf. The consultant's suggestions for each of the four children and programming for additional children will be most helpful.

The implementation of Objective H January to June, 1972 was a period of orientation and adjustment for the adults as well as the children. However, even though the children's auditory handicaps required a complete new educational approach for the School, the

pilot project was integrated into the Lower School Program without any major difficulties. As with the other multiply handicapped children in the project, sample information from each child's monthly progress reports provided the most meaningful evaluation.

Child #39

This eight-year-old child with an identified congenital rubella syndrome slowly developed a basis on which to communicate with those who worked with him daily. His biting and scratching became less frequent. In February, 1972, he responded to 14 manual signs such as sit down, stand up, boy, give me and water. He spontaneously gave signs for give me, light, milk, water and good-bye. By June, 1972 after repeated usage of the signs, he had learned to respond to 13 additional signs such as throw ball, shoes off, go for a walk, and on (for glasses and hearing aid). He identified red, blue and yellow from the signs. Thus by June, 1972 he was responding to a total of 30 signs. Expressively, he used five additional signs on a fairly regular basis such as close, shoes and glasses. In June he was using the sign for good boy when he was finished at the toilet. In spite of the many efforts employed, he was still not completely toilet trained. He was a day student during the pilot project and it has been recommended that he would profit from the residential program in 1972-73. Perhaps the daily structure will help with his toilet training and other daily living skills.

Child #29

The consultant felt that great progress was made in the total educational outlook for this four-year 10 month-old child, diagnosed as blind, moderately mentally retarded and having a severe hearing

impairment. He was admitted to the School in September, 1971 for a year's evaluation. He was tactually oriented and his language consisted of a whine, cries, ah, ee and gutteral sounds. He showed no understanding of language and did not respond to simple commands. His eating was very poor. The solid foods he ate had to be cut into tiny peices and covered with gravy or ketchup. He displayed no biting movement but rather a mashing movement with his jaws. He attempted to push adults away when they tried to socialize with him. He gradually responded to being lifted in the air and shook in the manner his Grandmother often did at home. He began to enjoy infant body games such as blowing on his stomach or playing the "This little piggy" game. He was a residential student and lived in the special dormitory where he received individualized care and instruction from child care workers. The consultant, a teacher of the deaf, met with his child care worker team weekly to develop a consistent approach for him. The workers were advised to encourage him to feel all objects and materials presented to him, to involve his whole body in activities and to repeatedly introduce specified communication signals.

By June, 1972 he was responding to adults socially and would approach his child care workers affectionately. He learned to tolerate a hearing aid and ear mold for up to two and a half hours. In December, 1971 he tolerated ear phones for a few seconds at a time with a pineapple juice reinforcement. The build-up to the hearing aid was slow and tedious. However, by June, his facial expressions seemed to indicate that he enjoyed the auditory stimulation.

He consistently demonstrated a response to the introduction

of manual signs when he slapped his hand palm up on a table to ask for the cookie sign and thus for a cookie. The cookie sign was always made in the palm of his hand. He mastered the use of the spoon and learned to eat solid foods from a bowl. He began to bite cookies and suck on the small pieces. He started to perform fine motor tasks such as putting various shapes in a shape box with help from a child care worker.

Child #40

The diagnoses for this seventeen-year -old boy are neurofibromatosis (Von Recklinghausen's disease), profound hearing losses in both ears and vision 2/200 in the right eye (prothesis in the left eye).

He was seen twice weekly by the consultant for 50 minute sessions. There were two major goals for the sessions:

1. Acquisition and stabilization of an alternate form of communication.
2. Counseling centered on the acceptance and understanding of the total ramifications of deafness.

It was the opinion of the consultant that he was not psychologically ready for fingerspelling, the accepted means of communication for deaf-blind persons, since he had to cope with a progressive deterioration of physical functionings. She felt that he could us the vision in his right eye to learn a combination of fingerspelling and signs for both expressive and receptive purposes. If he should totally lose his vision, he would have a good mental image of combined manual communication. He could conceivably still use the signs to express concepts to a sighted person and use the fingerspelling for a receptive language technique.

In June, 1972 he could not be expected to understand verbal communication. His expressive language was in tact, but it was slowly deteriorating due to the lack of verbal stimulation and reinforcement. Throughout the semester he mastered sign language to the point where he translated his verbal language patterns accurately into signs. He read signs to the point where only minor repetitions were needed for his complete understanding. It was recommended that the tutoring program be continued for fluency and the establishment of a mental image of patterns. The importance of acquiring an interpretor for his major academic classes was stressed.

Child #41

This seven-year-old girl was medically classified as deaf-blind with undetermined retardation. When she started as a participant in the pilot project program in January, 1972, she was seen as a slightly hyperactive and highly inquisitive child. She sought adult help by picking up certain toys and bringing them to the adult. She adjusted well to the School setting. She was independent in finding her way around and mastered total independence in daily living skills. She interacted well with people even though she had no verbal language. In February, 1972 she was responding to signs for words and word phrases; she completed expected actions with no difficulty. She followed such directions as "Throw away the paper", and "Turn around". She responded to 15 verbs and 12 nouns. She identified red, blue and yellow by sign; she identified numbers one to five and letters of the alphabet A to D. She was starting to use expressive language, for instance, the manual signs for

"drink water" and "give me".

Although mental retardation was diagnosed concerning the child, it was the consultant's opinion that she was functioning at a retarded level only in the area of language development. Child #41's individual sessions consisted of auditory stimulation, verbal stimulation and the labeling of actions and objects in her environment via sign language. The consultant noted that in child #41's regular classroom work, she was responding to a variety of experiences which also provided her with excellent potential to learn language. She was not only receiving instruction in a task analysis format, but daily living experiences, creative play, art instruction and off-campus experiences were provided.

On April 19, 1972 it was agreed upon that it would be more beneficial for the consultant to sit in on the pilot project teacher's lessons and provide comments and communication skill techniques in accordance with deaf education principles.

By June, 1972 her receptive language had progressed remarkably. She followed single stage directions with no difficulty and completed two-stage directions. An example of a two-stage direction is "Go to the bathroom and put water in the cup". By June she responded to approximately 120 signs which included verbs, nouns, adjectives and a few abstract terms such as today and tomorrow. She identified 18 letters of the alphabet and would write any of them if she had the letter to copy. She counted serially (signing) to 10; but had a concept of numbers from one to five in relationship to objects in her environment. She recognized the following four words in large print and gave the manual sign for them: cat, dog,

drink and water. She correctly performed 65 out of the 84 items in the Kindergarten Evaluation of Learning Potential. She correctly matched 12 out of 14 items on the Barraga Visual Discrimination Test. The items were enlarged and glued on special cards for her.

Along with the language and cognitive progress, her level of play advanced and she seemed to gain an awareness of herself as a person and of others and their roles.

V. PROJECT STAFF

Project Director

Janet Klineman, Ph.D.

Graduate, University of Pittsburgh; programs for teaching the visually handicapped at the Master and Doctoral levels.

Teacher -- Classroom for children with complex learning and behavior problems

Jeannette Chechile, M. Ed.

Graduate, Kent State University; Special Education Program at the Master level.

Teacher -- Classroom for children with complex learning and behavior problems and Extended Day Program.

Rebecca Woodward, M. Ed.

Graduate, University of Pittsburgh; Master's program in art education.

Child-Care Worker -- Classroom for children with complex learning and behavior problems

William Kegg, B.A.

Second year student, Duquesne University Federal Work-Study program in Counseling.

Child-Care Worker -- Early Education Program

Donna Rogoff, B.A.

Graduate, Hiram College; Early Education.

Child-Care Worker -- Early Education Program

James Lenkner

Undergraduate student.

Child-Care Worker -- Early Education Worker

Sheridan Glenn

Undergraduate student.

Nurse

Marguerite Sharief, R.N.

Nurse

Anna Woody, L.P.N.

Consultants

Virginia Besaw, M.S.

Current position: Instructor, Child Development and Child Care Program, Health Related professions

Employed by: University of Pittsburgh

Sallie O. Davis, Ph.D.

Current position: Professor of Behavioral Sciences

Employed by: Point Park College

Haskell Hollander, A.C.S.W.

Current position: Psychiatric Social Worker

Employed by: Western Restoration Center and part-time at Western Pennsylvania School for Blind Children

Edward Nuffield, M.D.

Current position: Assistant Director, Department of Psychiatry Children's Hospital

Employed by: University of Pittsburgh

Ralph L. Peabody, Ed.D.

Current position: Professor, Department of Special Education and Rehabilitation; Coordinator, Program for the Education of the Visually Handicapped

Employed by: University of Pittsburgh

Delores M. Peabody, M.Ed.

Current position: Acting Coordinator, Early Childhood Program, Department of Special Education and Rehabilitation

Employed by: University of Pittsburgh

Ann Ruben, Ph.D.

Current position: Community Mental Health Consultant

Employed by: Western Psychiatric Institute and Clinic

Judith Rubin, M.A.

Current position: Art Therapist and Instructor

Employed by: Pittsburgh Child Guidance Center and Point Park College

Rex Speers, M.D.

Current position: Associate Professor of Psychiatry and Medical Director of Arsenal Family and Children's Center

Employed by: Western Psychiatric Institute and Clinic and Arsenal Family and Children's Center

Susan C. Martino, M. Ed.

Current position: Instructor of the Deaf

Employed by: Pittsburgh Hearing and Speech Society

VI CONCLUSION

The objectives were not only met, but many spinoffs from their implementation developed more positive attitudes toward the educational needs of visually impaired multiply handicapped children. The child care worker, whose responsibilities with children with complex learning and behavior problems were designed for the implementation of previous Title I Projects, was accepted and often praised. The Lower School team which consists of Project staff members, teachers, teacher aides, child care workers, houseparents and nurses worked together to integrate the children into all possible activities and to increase the children's levels of functioning. Previous reluctance toward their integration seemed to diminish as the children accomplished educational tasks and socialization skills. The children appeared to respond to the high expectations of the staff. Instructional evaluations indicated specific areas of weakness for some children who needed constant teaching and reinforcement. There were many times during the year that regressions were frustrating and that helping a child through a temper tantrum was exhausting, but a true concern for the child and desire for his success seemed to prevail.

Pre- and post-data, monthly progress reports, daily instructional strategies, video tape recording, and observations and comments from professionals in the community revealed that all the children made specific behavioral gains in one or more areas. Because of the varied ways in which the children differed

from one another, grouping them even for study purposes did not appear feasible. Also, the many different variables involved in their individualized instruction required the detailed case study procedure for interpretation of pre- and post-data. The case study data is individually filed and available for confidential professional use if parental permission is granted.

In summary, 47 children, multiply handicapped in varying degrees, received individualized instruction in the areas of orientation and mobility, communication skills, self-care skills and socialization. A review of the evaluative data indicated that the children learned to perform tasks of increasing difficulty starting at their individual levels. Greater increases were made when contingencies were structured and reinforcements were presented systematically according to pre-established terminal criteria. Children were respected for their abilities. Labeling was decreased and there was emphasis on defining the children's educational programs and environments.

VII DISSEMINATION

This narrative evaluation will be sent to the following professional agencies:

American Foundation for the Blind
Carnegie Library, Division for the Visually Handicapped
Developmental Clinic, Children's Hospital of Pittsburgh
Ohio State University, College of Education
Pittsburgh Child Guidance Center
Pittsburgh Branch, Pennsylvania Association for the Blind
Regional Office for Blind Services
University of Pittsburgh, Department of Special Education and Rehabilitation and Department of Child Care and Development
Western Pennsylvania Special Educational Resource and Instructional Material Center
Copies will be available for members of the Western Pennsylvania School for Blind Children staff and other interested individuals and agencies.

The director has personally attempted to disseminate information about the Child Development Projects. She has been a guest lecturer at the University of Pittsburgh and has presented workshops at Ebensburg State School and Hospital and at Polk State School and Hospital. If available, she has discussed the project with groups of visitors who tour the School.

A film,"Look What I'm Gonna Show Ya," - art for the multiply handicapped - will be ready for distribution by the Pittsburgh Child Guidance Center in the fall of 1972. The moving pictures were originally taken for evaluative purposes during the 1969-70 exploratory art program, a part of the Title I Extended Day Program. A review and study of the pictures indicated the potential for a fine documentary to illustrate multiply handicap children's responses to various art media and opportunities for free expression. Arrangements have been made for Mrs. Judith Rubin, art therapist

at the Pittsburgh Child Guidance Center and Title I Project consultant, and the director to present the film at the CEC Convention in Philadelphia, October, 1972.

A Pittsburgh Press news reporter and photographer spent two days on campus to photograph children and staff, observe activities, and interview personnel about the project. A series of articles should appear in the Press during August or September, 1972.

VIII APPENDIX

APPENDIX A

MONTHLY PROGRESS REPORT

STUDENT: [redacted] C.A. 2 years 6 months
INSTRUCTOR: Amy Peal
DATE: January, 1972

ORIENTATION-MOBILITY SKILLS

With encouragement from her teachers, Crystal is progressing beyond the visual and oral modes of exploration. She is acquiring an interest in sounds coming other than from significant persons. She plays the xylophone, and then takes the stick and pounds on other surfaces. Crystal will listen to the entire side of a record, busily creating clapping and kicking routines to the music. She invented these activities herself.

Crystal is imitating adult motor behaviors more readily now. She opens the door of the playhouse herself; she pushes a broom.

Her fear of steps is declining. She tries out a short ladder on one of the slides, but misses the rungs. She walks up the stairs occasionally. However, she still prefers crawling so that she can see the steps at close range and touch them with her hands. Crystal needs to be taught how to use her feet to provide her with cues of depths.

COMMUNICATION SKILLS

Crystal returned to school after Christmas vacation saying many new sounds. For the first time her sounds are being combined in phrases. She is also more adept at imitating actual words.

Crystal is being taught to use words to express her wishes. She can now say "No!" and "Stop it!", and gets a cookie when she asks for one by name.

She comprehends that my saying "Oh my!" is fully as sympathetic as my picking her up. She is learning to accept this verbal substitute for physical contact when she is upset.

Other words spoken meaningfully and clearly by Crystal are "tickle", "step", "mama", "I see you!", and "cold".

SELF-CARE SKILLS

Feeding: Crystal is trying many new foods such as cranberry salad, bean salad, and soup and stew vegetables. She uses a fork and spoon efficiently. She has learned how to tilt her head backwards far enough to drink what is in the bottom of a cup.

Toileting: Crystal urinates after snacktime and lunch. She uses the potty seat and rarely has an accident.

SOCIALIZATION

Crystal now stays until 3:30 P.M. in order that she can take full advantage of the school program, and to give her

mother time to herself. Crystal has adapted to this extended schedule without protest. She related warmly to Miss Olivero, her afternoon worker, from the beginning. Crystal naps on the bed when set on her stomach. She is not fearful of the bed; someone sits at her bedside while she falls asleep and assists her getting down.

Crystal resents the intrusion of other children, even when they are gentle with her. She waves her hands at them and drives them away. Her interaction with them has to be highly controlled.

Crystal cries for the attention of a favorite adult. However, she is learning to go from one adult to another to get attention. This is decreasing her tantrums, as is her learning to play solitarily.

SUMMARY

Crystal's developing interest in sounds hopefully will lead to greater speech production. Formerly, she attended to the movements of a speaker's mouth. Now greater attention is being attached, appropriately, to the sounds that are emitted. She is sorting out more of what she hears and imitates immediately, without extensive prompting.

Crystal is a compliant child. She needs help in differentiating herself from adults, and to this end the staff is teaching her how to verbalize her negative wishes. She is also being directed into relationships with many more adults than her principal teacher; this, too, should force her into becoming more articulate. Although Crystal is facing more challenges, she shows herself to be *equal* to and in fact stimulated by the added pressures.

APPENDIX A (continued)

PROGRESS REPORT
DECEMBER 1971, JANUARY 1972
STUDENT: RUSTY [redacted] Child #26 C. A. 7 yr. 3 mos.

Dear Mrs. [redacted]

ORIENTATION AND MOBILITY

There has been little change in Rusty's general orientation and mobility. He continues to become more familiar with the entire school building and seems very comfortable in all of his school settings. However, his techniques of mobility are still the same, and he is still led, at least verbally, between the major areas of the school.

There has been a slight improvement in his general gait. He now travels down any number of steps alternating feet and holding onto the rail with only one hand. This has been occurring only during the last two weeks and is naturally accompanied by much encouragement and praise from me. Along with alternating feet down steps, Rusty has been tricycling with more and more proficiency. Formerly he would pedal only 10 feet or so, then stop. Recently he peddles for several minutes and quite stongly at that.

I am also happy to report that Rusty's concept of right and left is progressing nicely. In a game I play with Rusty he successfully touches various body parts according to right and left. He also can name parts of his body by right or left. Presently I would have to say that Rusty's left-right concept varies; at times he seems to demonstrate 100 per cent grasp of it and other times not. We will continue to work on it.

COMMUNICATION

Rusty's language appears unchanged. His use of pronouns, for instance, is the same: that is, he does not often use the correct pronoun. Although his language is very intelligible he does not often offer spontaneous speech. However, he has been making more statements about his environment than before, comments like "I will paint."

Of course, Rusty has always exhibited excellent comprehension. And he does respond when you talk to him. This month especially he has been relating more of his experiences when asked. For example, he told about ice cream and cake he had at a birthday party. I hope that this continues.

I regret to have to say that although Rusty no longer bites or pinches, he has been kicking and hitting more. The last two weeks have been especially bad. At times it seems as though these incidents are directed and meant to communicate Rusty's dislike of something. So far asking Rusty to "tell us" hasn't worked. But I hope that this diminishes. We will continually tell Rusty we talk about how we feel--we do not hurt others by biting or kicking.

SELF-CARE SKILLS

[redacted] is holding his own in terms of washing and toothbrushing. He is a fair dresser. He needs help but cooperates in dressing very well.

His toilet training has been very good. During the last two months he has been very regular. Thus he has been on schedule and had few accidents. He still is slow to tell us before the fact. But at times he would ask to go after already beginning a B.M., so I can say he is well adjusted to a schedule.

SOCIALIZATION

Once again [redacted]'s socialization in terms of play with other children in still very limited. In fact during the last two weeks it has been almost completely negative. He seems to be glad to see adult friends but is often very hostile to other children. At times he appears to indiscriminately assault children. But most of the time it appears that he feels other kids are intruding on his world. This is the most pressing problem I find right now.

OTHER OBSERVATIONS

I have been satisfied with the academic gains [redacted] has been making. He is learning left and right, counting, big and little, and has started using the Touch and Tell book. All these things are encouraging. But I am concerned about communication skills and socialization.

J. Lenkner

APPENDIX B

[illegible] PENNSYLVANIA SCHOOL FOR BLIND CHILDREN

Three-Day Assessment October 25-27, 1971 Report* Summary P

Janet Klineman, Ph.D.

Name: David Lukehart
Sex: Male
Birthdate: December 21, 1959
Address: Ebensburg State School and Hospital Ebensburg, Pa. 15913
Case No. 1265 Admitted October 27, 1966
Parents: David K. Lukehart and Marilyn Worton Lukehart
Parental educational level: High school graduates
Address: (Parents) Box 375 Harrison City, Pa. 15636
Siblings: Pamela - Birthdate: December 1, 1960 Normal
Lynn - Birthdate: July 2, 1963 Normal
Penny - Birthdate: April 15, 1966 Normal

1.0 Clinical Information
1.1 Clinical diagnostic summary
1.11 Hydrocephalus, arrested, following ventricule-auricular shunt.
1.12 Blindness
1.13 Severe mental retardation
1.2 Medical information
1.21 Early medical information (Obtained from Ebensburg Social Service Department Admission Interview.)

David was born in the Homestead Hospital, Homestead, Pa., on December 21, 1959, at a birth weight of 8 pounds 5 ounces and a birth length of 21½ inches. Birth was full term and Frank breech. He had congenital phimosis, cyanotic spells, and a right subdural hematoma.

He had a right subdural tap on December 23, 1959, and bilateral subdural taps on December 24, 1959. On December 23, 1959 it was noted that he exhibited periodic convulsions. He was discharged on January 9, 1960.

David was admitted to Children's Hospital of Pittsburgh on January 25, 1960, and had a lumbar peritoneal shunt on January 29, 1960. He was discharged from the hospital on February 5, 1960 The diagnosis was hydrocephalus, communicating.

In October 1961, he was admitted to West Penn Hospital of Pittsburgh for surgery for bilateral inguinal hernia.

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* This assessment follows procedures utilized in the doctoral dissertation, An Objective and Systematic Procedure for Developing an Educational Program for Young Visually Impaired Children with Concomitant Disabilities, by Janet Green Klineman, University of Pittsburgh, 1971.

On October 28, 1964, Ln was seen by Helen I. Menkes, M.D. at the Sonoma State Hospital, California for pre-admission and diagnostic services. The impression was - hydrocephalus, congenital, with optic atrophy. The recommendation was to admit him to the Sonoma State Hospital, California as soon as space was available.

David was admitted to the Children's Hospital of East Bay, Oakland, California, from January 12, 1965, to January 20, 1965, and a subarachnoid peritoneal shunt was performed on January 12, 1965. He was then readmitted to Children's Hospital on January 22, 1965, and a ventriculo auricular shunt operation was performed on January 23, 1965. He was discharged on February 18, 1965.

1.22 Ophthalmological information (1971)

All medical reports indicate visual impairment, blindness. However, during this assessment in October, 1971 several of the evaluators noted that David seemed to have useful residual vision. David's responses to visual stimulation over a longer evaluation period would be necessary in order to answer this question.

1.23 Physical description (Ebensburg case summary, September 23, 1971)

1.231 David is a fairly well-developed and nourished white male.

1.232 He has had a history of seizures. He receives 50mg. of Dilantin once a day. (No seizures have been observed since his admission to Ebensburg in 1966.)

1.233 Cerebral defect, congenital was noted. (He has a small malformed head.) No genetic component was noted. A secondary cranial anomaly (arrested hydrocephalus) was also noted.

1.234 Measurements (September, 1971)

1.2341 Weight - sixty-one pounds
1.2342 Height - Fifty-four inches.

1.3 Developmental history

1.31 Motor development
David sat alone at eleven months; he began to creep at eighteen months; he walked with support at two and one half years; and walked without support at three and one half years.

1.32 Early Social development

1.321 Language
David used short combinations of words at age seven.

1.322 Self-care skills
David was unable to undress, dress, bathe himself, or take care of his toileting needs at age seven.

1.323 David has been a persistent thumb sucker since birth.

1.33 Social development (Ebensburg report, 1966)

1.331 In 1966, David interferred with the attention and care his mother and father had to provide for his three younger sisters. He affected his sisters adversely and was abusive to them. He demanded so much attention that his mother had to neglect the other children. His parents sought admission to Ebensburg to relieve family pressures.

1.332 The Ebensburg report stated that his forte was verbal skills; his weakness was immature sociability within his peer group.

1.333 David has responded to the warmth and affection of his foster grandmother, Mrs. Ann McKendrick.

1.34 Academic achievement (Western Pennsylvania School for Blind Children assessment, 1971)

David has been participating in a Growth and Development Program at Ebensburg State School and Hospital. His accomplishments are at a pre-kindergarten or kindergarten level. Almost all of his responses indicate rote learning.

1.4 Audiological information (Ebensburg case summary, September, 1971)

David would not condition to a pure tone audiometric evaluation. He followed directions within 20 decibels which placed his hearing within normal limits.

1.5 Psychological information (Ebensburg case summary, September, 1971)

1.51 Social maturity information (July, 1971)
At the chronological age of eleven years, seven months, his Vineland Social Age was 1.41; Social Quotient 12. The caseworker noted that the Vineland scores were not indicative of his functioning in September, 1971.

1.52 The Hatfield Buckholz Social Maturity Scale for Preschool Blind Children indicated an I.Q. of 30 in a report by a certified psychologist in 1964 when David was five years, ten months old. Institutionalization was recommended.

1.6 Psychiatric information
No information was reported.

1.7 Speech evaluation (Case summary, September, 1971)
David's speech was considered good. He counted, sang, and recited poetry.

2.0 [illegible] School Experience

2.1 There was no record of school attendance prior to David's evaluation at Ebensburg in 1969.

2.2 In May, 1969 he was enrolled in a Growth and Development Program at a pre-kindergarten level at Ebensburg State School and Hospital. His foster grandmother met with him two hours a morning five days a week. Since the program was not geared for visually handicapped children, David's participation was limited. However, beginning in 1970 Ann McKenrick, his foster grandmother, provided learning opportunities for David which included teaching him his body parts; gross motor activities such as rolling a ball, skipping, and tumbling; using his hands to explore objects and to recognize shapes; toilet training and other self-care skills; and to memorize facts such as the days of the week, multiplication facts, and poetry such as 'Twas the Night Before Christmas. David performed these activities during the Western Pennsylvania School for Blind Children evaluation.

2.3 David participated in a Physical Therapy program for hand activities at Ebensburg in 1970-71.

3.0 Educational Assessments (October, 1971)

Orientation and Mobility (Wash. Orientation and Mobility Assm. 1971)

3.11 David performed 30 of the 116 items on the Body-Image of Blind Children Scale by Bryant Cratty and Theressa Sams. He identified the major parts of his body and of his face and head. He missed body parts such as forehead, back of his head, waist, thigh, forearm, hip, thumb, and little finger. His answers pertaining to questions on directionality and laterality were inconsistent. However the mobility instructor noted that he demonstrated that right is the opposite of left. If David started by naming the right side correctly, he followed through correctly with corresponding questions of right and left body parts in a particular section of the test. But if he started in another section with the incorrect side the following answers were consistently incorrect.

3.12 His score on the Orientation and Mobility Scale (Short-Form) by Francis R. Lord was 2 out of the 25 items. He was able to walk up steps alternating his feet and to perform simple jumps with both feet slightly off the ground.

3.13 David had a score of 23 on a test of basic concepts related to orientation and mobility. He responded to questions on body parts but when he had to answer questions regarding his position in relationship to body parts he was unable to do so. It was noted that he possessed an inadequate knowledge of the positioning of his body in relationship to objects as well as the positioning of one object in relationship to another.

3.14 Gait analysis

David's stride was inconsistent. Sometimes he walked with very short and slow steps, and at other times he displayed a regular stride with reciprocal gait and arm swing. He wasn't afraid to explore and was cautious about not banging into anything.

He demonstrated poor balance. The mobility instructor estimated his muscle strength to be in the "weak" range. He offerred no resistance to the tests for muscle strength but he did not know how to perform the tasks.

foster grandmother have developed a fine relationship for learning situations at his developmental level.

3.313 Kindergarten Evaluation of Learning Potential by John Wilson and Mildred Robeck. (Assessment by Dr. Klineman, 1971)

David performed 4 tasks out of 64 items correctly. However, because of David's short attention span and low frustration level not all the tasks were attempted. He pulled a string through a bead with help. He identified round and square beads. He dropped beads on the floor and giggled to distract the evaluator and then willingly searched for the beads and picked them up. This behavior was controlled by treating it in a matter of fact manner and verbally praising him and patting him on the back for correct responses and effort to follow instructions. He was promised a balloon if he tried to play the "games.

After an orientation to the bolt board he removed the bolts and tried to replace them with his foster grandmother's help and encouragement. He needs a great deal of help in learning to use his two hands.

He named the seven days of the week in order, the months of the year, and told the evaluator with foster grandmother's encouragement that there are 365 days in a year and 12 months in a year. He could not tell the date October 26, 1971, which day comes before or after a particular day, not anything about any one of the holidays. (Christmas for example.)

David counted by ones and counted to one hundred by five's in a rote manner. He had difficulty touching each bead as he counted each of five beads in a learning situation. After several experiences counting beads with the evaluator, he correctly responded to questions such as three beads and one more would give you four beads. David should be able to solve simple reasoning problems if he is introduced to many experiences of this nature and if he is frequently reinforced for correct responses. He did not seem to know what to do with the balloon when he received it. After it was blown up for him he handled it for a short itme and then dropped it on the floor.

3.32 Assessments by Mrs. DePiero and Miss Lacey October 25, 26, and 27, 1971 in the class for trainable children of Western Pennsylvania School for Blind Children.

3.321 Language

Most of David's oral language consisted of repetitions of the last two or three words he had heard, "yes" to almost any question, or lists of facts he had learned by rote. When he was told what to say he often repeated the "say" in front of the phrase. He seldom initiated any language. on several occasions he named a person who entered the room whom he hadn't heard for about a half day or responded to an activity with a thought of his own.

When he entered a new situation with an adult he often stated, "I'm not going to hurt you."

3.322 Hand skills

He successfully placed a few pegs into the pegboard with much verbal encouragement and some guidance. He did not use any systematic approach in looking for the hole and inserting the peg..

He was willing to try an entirely new experience which consisted of trying to wash a few unbreakable dishes.

3.323 Mobility in the classroom and in school halls.

David held on to the sighted guide after some help getting set up, but when he walked he was not facing foreward but facing 1/8 turn away from the guide and 1 and 1/2 steps behind with his arm fully extended. He did not respond to the gross movements of the guide. He did not use safety techniques.

3.4 Self-care skills (Observations of Mrs. DePiero, classroom teacher for trainable children; Miss Lacey, teacher aide for trainable classroom, and Mr. Rager, housefather; and Mr. Burke, child care worker.)

David had to be asked if he had to go to the toilet. He enjoyed flushing the toilet to such an extent that the situation had to be structured so that he could not flush the toilet until he had eliminated and was ready to leave the lavatory. He needed physical and/or verbal help in almost all of the self-care skills. If he was given a physical assist in a simple task such as putting his "T" shirt over his head, he did not initiate the next step; he had to be told to pull it down.

David liked liquid foods. He drank from a cup or glass without spilling sometimes holding the container in one hand. Soup with crackers was the only food he fed to himself. He needed encouragement and help in order to eat solid foods.

3.5 Socialization (Observations by Mrs. DePiero, teacher of trainable classroom.)
Bristol Social-Adjustment Guides-The Child in School by D.H. Stott and Emily G. Sykes.

3.51 Attitudes toward the teacher

David greeted the teacher and others when he was prompted to do so. He was apathetic and had very little to say in response to the teachers general manner or the classroom activities. He never made a first approach and minimized any contacts. He was content to sit quietly and rock. Although he couldn't put himself forward he seemed to want adult interest and he appreciated praise.

3.52 Attitude to school work

He was apathetic and would just sit unless he was directed in a one-to-one relationship. He seemed to lack physical energy for persistence in manual tasks.

3.53 Attitudes to other children

He seemed to prefer to be alone. He was passive in his ways with other children. However, he willingly went to lavatory with one of the more capable boys in the classroom. He withdrew from the touch of other children. He was treated as somewhat of an outsider by the other children but he was included in the group activities at snack time and during class group activities.

3.54 Personal Characteristics

He was careless about his toys and often lost or forgot them. His speech was echolaic. He had little affect to his facial expressions and had many mannerisms typical of a blind child. He sucked his thumb at rest time.

4.0 Recommendations

4.1 After a review of this three-day assessment, the administrative committee of Western Pennsylvania School for Blind Children felt that due to David's level of functioning and his chronological age that he would not be able to participate in the present program for trainable children. However, it is recommended that his program at Ebensburg be continued and expanded. David should be able to learn to perform the instructional objectives in the various levels of the Ebensburg Growth and Development Program for trainable retarded children. Adaptations could be made for a blind child. David should continue to respond to behavior modification techniques and progress toward greater independence in techniques of daily living and orientation and mobility. With continued work and encouragement his hand skills should improve, he should be able to solve simple problems, and gain some pleasure in social activities.

4.2 The following recommendations were listed by the certified orientation and mobility instructor, Audrey Smith, to further develop David's orientation and mobility skills:

4.21 To aid David in learning the concept of laterality, he must firmly establish which is his own right and left hand. The remainder would follow because he is already aware of the right-left relationship. Establish which is his dominant hand. Assuming it is his right, reinforce the use of the word as much as possible. For example you pick up objects, eat, etc. with your right hand. If necessary, it might be helpful to attach a piece of yarn to his right hand or have David wear a play watch on his right arm. Keep reminding him that he is wearing his watch on his right arm. Hopefully, these suggestions and continual reminders would hasten David's awareness of his own right and left. This must be done before work with directionality or even following simple routes can be accomplished.

David can repeat anything you tell him. However, he seems incapable of forming his own judgements and would probably be easily convinced he was wrong even if he felt he were right. He needs to be encouraged to make his own decisions and stick to them. A suggestion for this would be to engage David in a game using something of which he has a firm knowledge. Two people other than David would be necessary. One would challenge David and the other would act as a referee to give the correct answer in case of dispute. Agree with David on a few questions such as where his nose and eyes are. Then argue about where his ear, for example, is. Try to teach him to stick to his decisions if he thinks he is right. The referee will act as reinforcement for his independent thinking. This game could be played with concepts he has learned provided, of course, he has a substantial grasp of the material.

Example: "I think this is a square and not a circle, David." Have him explain why he thinks it is a circle and not a square. Make him defend his decisions, and foster more independent thinking on David's part.

As my session with David continued, I noticed much more verbal behavior than at the onset of our meeting. We made a game situation out of the tests for range of motion and muscle strength. We used words such as "up" and "down", and "in" and "out." David would call out these words to describe how I moved his different body parts. David seemed very pleased with himself, was much more relaxed and laughed frequently during this session.

Generally, I found David very responsive to suggestions about walking up and down the steps, and back and forth in specific areas of the school. He needs to be taught and employ the proper protective techniques and method for trailing. The latter would provide a substitute for spreading his hands over the wall as he walks. The only situation where he appeared tense was when we were approaching stairs. As soon as he located the bannister, this was relieved. He alternated feet while ascending stairs, but was inconsistent about alternating them while descending. He should be encouraged to come down steps one foot at a time and not to hold on to the bannister with both hands. He should not be allowed to face into the bannister, as seems to be his habit. David looked down and to the side as he walked. Emphasis should be on proper carriage to correct this. This habit of looking to the side is coupled with periodic walking sideways. It is not obvious which had habit is causing which, but if he were encouraged to face forward when he walked, this may alleviate the problem. When we travelled sighted-guide, David had a tendency to push instead of follow. This must not be allowed as David should be familiarized with the guide's and his own responsibilities when walking sighted-guide. All of the above points should be characterized by constant and not just occasional reminders.

If possible, time should be allotted for simple familiarization with and orientation to common objects in his environment such as the use of a water fountain and the location of doorknobs in relation to doors. This is useful information David would be capable of comprehending and the type of orientation which he is sorely lacking.

Overall, David's movement seemed constricted. He was not capable of running, as he was probably not aware of the dynamics of this movement. More freedom of movement and tasks requiring motor involvement should be encouraged to enable David to move more freely and less rigidly through his environment.

4.3 The following teaching strategies were recommended by Mrs. DePiero after David's three days in the trainable class:

4.31 Decide on a simple vocabulary to use with David. Use only one term for each activity such as a term he should use when he has to go the bathroom, etc. Describe in simple language each activity you expect him to accomplish and name each item of clothing as he touches it and each food he is expected to eat as he smells it and tastes it.

To help David learn the meaning of words, introduce the concept of opposites by explaining to him and having him feel what is hot and what is not hot or cold, what is soft and what is not soft or hard. Then question David as to whether an item is hot or cold or hard or soft so that he can recall a past experience rather than reply with a memorized answer. He needs many concrete experiences described to him as he is involved in them such as walking in the snow and making a snow ball. He should soon be able to answer open ended questions about such an activity.

Activities should be structured for David so that what he likes to do can be a reinforcer and part of a task. For instance, he likes to flush the toilet many times and listen to the sound so he should be told that he can only flush the toilet after he has eliminated. As soon as he has eliminated he should be told he can now flush the toilet. He should then be praised for flushing and then washing his hands and leaving the lavatory. David responded well to praise but he needed to know exactly what he was expected to do in sequence. He should be encouraged to anticipate the next step in a familiar sequence and then expected to accomplish it himself especially in tasks involved in washing, undressing, dressing, etc.

...should be involved in many activities which require the use of his hands. He should be able to work manipulative toys, to use clay, to sort like objects, and to learn simple manual skills.

5.0 Summary

David Lukehart, an eleven-year-old caucasian boy, was diagnosed as blind and mentally retarded. He has a congenital cerebral defect of a small malformed head. A secondary cranial anomaly hydrocephalus has been arrested by shunt operations.

His motor and language development was very slow. He did not walk without support until three and one half years of age; he used short combinations of words at age seven.

David was admitted to Ebensburg State School and Hospital in 1956 at seven years of age. In 1969 he was enrolled in a Growth and Development Program at a pre-kindergarten level. His participation was limited because of his visual handicap. However, he responded to the learning opportunities presented by a foster grandmother who met with him two hours a morning five days a week. During this assessment he performed skills he had recently accomplished such as touching body parts on request, identifying objects, and recalling facts and literature, when prompted by his foster grandmother. David responded well to the encouragement and discipline of his foster grandmother who also lived at the Western Pennsylvania School for Blind Children during the evaluation.

David's responses to the orientation and mobility assessment indicated that he has a background of skills and motor development for further orientation and mobility development toward the use of techniques for independent travel and proper use of a sighted guide. There is a possibility that he has useful residual vision that would respond to visual efficiency training.

It is the opinion of the evaluation that David's motor coordination and finger dexterity could be further developed by means of behavior modification techniques so that he could perform simple manual skills. He matched like shapes and performed the first steps in stringing beads. Although David's score was very low, he responded to instruction in the auditory assessment session. He also responded favorably to instruction and verbal praise in the academic assessments, which included tasks beyond rote recall and experiences new to David at the kindergarten level.

David needed physical and/or verbal help in almost all of the self-care skills. He needed encouragement and help in order to eat solid foods.

He had to be prompted to perform the social graces with adults and peers. He did not initiate relationships with others and was apathetic to classroom activities. However, he seemed to want adult interest and he appreciated praise.

Based on various multi-disciplinary assessments, the Communication Committee of Western Pennsylvania School for Blind Children felt that due to David's level of functioning and his chronological age that he would not be able to participate in the present program for trainable children. However, it is recommended that his program at Ebensburg be continued and expanded. David should be able to learn to perform the instructional objectives in the various levels of the Ebensburg Growth and Development Program for trainable retarded children. Adaptations could be made for a blind child. David should continue to respond to behavior modification techniques and progress toward greater independence in techniques of daily living and orientation and mobility. With continued work and encouragement his hand skills should improve; he should be able to solve simple problems, and gain some pleasure in social activities.

Recommendations for David's program at Ebensburg are stated on pages 8, 9, 10 and 11 of this assessment. A workshop presented by Western Pennsylvania School for Blind Children staff members to aid Ebensburg personnel in adapting instructional objectives for visually impaired children such as David has been suggested.

APPENDIX C

WESTERN PENNSYLVANIA SCHOOL FOR BLIND CHILDREN
Child Development Program 1971-72

Parent Questionnaire

The government requires evaluations of all activities of federal projects. This information will be very important for the planning and funding of future programs. Your names will be omitted from any reports.

The purpose of the Lower School Parent Discussion Group and General PTO is to meet the needs of the parents. In order to make these meetings more meaningful to you we need your cooperation in planning future activities.

I. As a parent which meeting or meetings had the most value to you.
Please check (✓) the program or programs.
Please mark a circle (0) if you were unable to attend.

A. September--Informal planning meeting with many staff members. _____

B. October--General PTO meeting--Mr. Robert Hughes, Orientation and Mobility presentation. _____

C. November--Parents shared feelings about who they admired most with Dr. Ann Ruben. Focus of meeting was on not only sharing love with children but telling them we love them. _____

D. December--General PTO meeting with panel presentation by school medical staff. _____

E. January--Parents discussed pictures portraying children in various situations and moods. _____

F. February--Mrs. Geraldine Caputo, girls' physical education and health teacher, student demonstration and discussion of her classes. _____

G. March--Mr. Rager's Showboat Program and Open House. _____

H. April--Parent discussion groups involving view points about discipline, punishment and praise. _____

I. May--General PTO meeting--panel discussion of alumni students' work experiences with Dr. Regis Kerson, discussion leader. _____

II. Please check activities you would like for meetings in 1973-74. Specific names or subjects will be helpful but not necessary.

_____ Guest speakers

_____ Informal discussions

_____ Programs conducted by students

_____ Staff presentations

_____ Group dynamics

_____ Workshops

_____ Study programs

_____ Book reports

_____ Movies

_____ Social events

_____ Other (Please list)

III. Please check or list suggestions how Lower School Staff or Main Building Staff can best help you and your child.

_____ Small group discussions
(List best time for you)_____

_____ Individual staff conferences

_____ Check lists of tasks for daily living skills

_____ Further opportunities to borrow books on such subjects as child rearing, etc.

_____ Classroom visitations

_____ Open House

_____ Other (Please list)

IV. Please state any suggestions you may have for the Newsletter next year.

V. Any further comments.

APPENDIX D

OF WESTERN PENNSYLVANIA SCHOOL FOR BLIND CHILDREN

...ents' MEETING NOTES
...by Grace Martin

...ril Parents' Meeting

The focus of the April Par-
...nts' Meeting was on disci-
...pline, praise, and punishment.
...ssed School parents divided
...into groups to discuss such
...questions as "What would you do
...if your child called you a bad
...name." "What would you do if
...your child would not go to bed
...after many reminders and you
...wanted to watch your favorite
...TV show at 10 p.m.?"
...A representative from each
..."discussion" group shared the high-
...lights of the discussion later
...in the evening. The following
...ideas were discussed:
...Behavior is learned and thus
...can be changed. Parents
...can arrange situations in which
...learning toward happier living
...within a family can take place.
...Children need rules consis-
...tently used. They will repeat
...behavior which makes them feel
...good and for which they are
...rewarded meaningfully.
...Many of the ideas discussed
...were outlined from recent
...books such as Between Parent
...and Child by Dr. Haim G. Ginott
...and Parent Effectiveness Train-
...ing by Dr. Thomas Gordon.

...Meeting

The final General Parents-
...Teacher Meeting for 1971-72 was
...held May 11, 1972.
...Most of the almost partici-
...pated in a panel discussion
...on "People Power and

...Continued from Page 1, Column 1

SUGGESTIONS FOR PARENTS
School District of the City of
Pontiac, Michigan
(Continued from last Newsletter)

A child's interest in any object stems from its usefulness to him. Just because it is attractive to an adult does not assure its attractiveness to a child.

1. Allow the child to explore and manipulate his environment.
2. Provide an environment which stimulates all senses.
3. Provide substitutes for trees to climb, fences to walk, train tracks to balance on, and back yards in which to run and explore, beds to bounce on.
4. Provide exercises and activities at home to promote balance, strength and flexibility.
5. Permit the child to construct and destruct.
6. Around the house:
a. Don't say "No: No! Don't touch!" quite so often, and if you want to protect something valuable, put it up and give the child a substitute object to investigate.
b. Don't insist on the entire house being uncluttered all the time.
c. Provide simple and different things for the child--boxes, string, trinkets, cans, pots and pans.
d. Talk to and listen to your child.
e. Provide books and records--read to him and teach him to care for books.
f. Provide paste, scissors, colored papers, and crayons.
g. Provide toys in a variety of colors, shapes, sizes, weight, texture.

Continued Page 2, Column 3

GENERAL PTO OFFICERS [illegible]

Mrs. Dorothy Cavataio
President
Mr. Don Schmitt,
Vice President
Mrs. Mary Ann Howland
Treasurer
Mrs. Mary McShea, Secretary

After many devoted years as president and vice president, Mr. Raymond McMurdy chose to retire from PTO office. We are pleased that Mr. Schmitt, who participated in the first child development parent group in July 1969 and has been an active, loyal member at all the meetings since, volunteered to accept the responsibilities of vice president.

WHO AM I? I AM YOUR ENEMY
Contributed by Josie Bailey

I am more powerful than the combined armies of the world.

I have destroyed more than all the wars of the nations.

I am more deadly than bullets or missiles, and I have wrecked more homes and jobs than the mightiest siege of guns.

I steal more than five billion each year in the United States alone.

I spare no one, I find my victims among the rich and poor alike, among the young and old, the strong and weak, the high-level and low-level workers.

Widows and orphans know me well.

Continued Page 2, Column 1

arents' Resource Center, Cont.

nswered questions regarding heir work experiences. We are very proud of their ac-omplishments.

udy Fish discussed her posi-ion as a medical transcriber t Mercy Hospital; Keith tabler talked about his piano uning business and his suc-essful musical entertainment ngagements. Timothy Brothers ill be graduated from Thiel ollege this June and has been ccepted at the University of ittsburgh graduate school or rehabilitation counseling. e explained how he accom-lished his college assign-ents with the aid of volunteer eaders. Paul Hamilton, ssistant manager of the Bureau or the Visually Handicapped, iscussed the vocational coun-eling opportunities offered y their staff. These oppor-unities begin in the junior ear in high school for our tudents. Philip Norrel dis-ussed his position as masseur t the YMCA in Greensburg.

une Meeting

Parents welcomed: Dr. Don onderling, principal of the pper School; Mrs. Norma Duda, hird grade teacher; Mr. Dave etrovay, ungraded elementary lass teacher; and Mrs. Ann chuley, elementary ungraded lass teacher's aide, to the ast meeting for 1971-72. They iscussed their educational lans and procedures for the hildren. The discussion em-hasized the children's needs or individualized programs as ell as group learning oppor-unities. Plans were presented or helping the children's ran tion from the Lower chool to the Upper School.

CLASSROOM ONE NEWSPAPER
Dictated to Mrs. Irene Jewett

A Trip to Italy

I was four years old We got on an airplane. We had fun in Italy. My father lives in Apros. I know how to ride a three-wheeled car. We saw many people in Italy. We saw my aunt and uncle. And we saw two grandmas and we saw three grand-fathers. We saw the station wagon. I lived in a trailer.

--by Joe Antonucci

A Trip to the Aviary

We liked the Aviary because there were lots of birds there. We liked the bird sounds. The sides of the macaw's cage were wire. His claws hung to the wire. We saw a humming bird drink out of a tube. The Chi-nese pheasants were orange, yellow, and black and they walked in the bushes. The crowned pigeons walked close to us on the floor. They had greyish-blue hair on their heads. We all liked the myna birds. Every time we asked a question Romeo or Oliver said, "O.K." They also said, "Do you want grapes? I live in Pittsburgh."

We saw a toucan, and he had a grape in his beak. We saw a whole bunch of geese and two turtles were in the water with them. The flamingos were pink and stood in the water.

--The First Grade

OPEN CLASSROOM NEWSPAPER
Dictated to Mrs. Rebecca Woodward

Letter to Newspaper

In our reading lesson we do our words and our color words and our ch and th sounds. We roll the inner tube back and forth. We do our exercises in the Open Classroom. We play with the doll house.

--by David Goodling

WHO AM I? I AM YOUR ENEMY
Cont.

I rise to such preposterous that I cast my shadow over every field of labor, pro-fessional as well as non-professional, from the hum-blest laborer to the nuclear scientist.

I kill thousands of employ-ees every year.

I lurk in unseen places and do my best work silently.

I am relentless.

I am everywhere on the land and sea and in the air, in the home, on the job.

I breed sickness, degrada-tion, and death.

Yet, few people make a real effort to avoid me, or even take me seriously.

I destroy, crush, maim, I give nothing, I take all.

I am your worst enemy.

I am CARELESSNESS.

SUGGESTIONS FOR PARENTS, Cont.

h. Don't destroy the child's curiosity but foster it and encourage it.
i. Provide a chalkboard, preferably a large one, for a large type child.
j. Don't permit your child to be a non-participant in the world, but rather a par-ticipant.
7. Take him for walks in the woods, to the zoo, farm, parks, and help him to be a good participant by point-ing out differences between the familiar and unfamiliar.
8. Participate with the child and encourage or motivate him.
9. Let him be a little messy.

SUMMER VACATION TIME

We hope all the children and t eir families have a wonderful summer vacation. Students will return to school Tuesday, September 5, 1972.

A Child #25 PROGRESS CHART

JUNE 1972 1 2 5 6 7 8 9 12 13 14 15 CA 6 yr 6 mo

APPENDIX E

KINDERGARTEN TASKS															
APPROP. BEH. NEWSTIME	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	–
REASONABLE NEWS ITEM	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	–
APPROP. PLAY FREE ACT. TIME	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	–
SHARED TOY	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	–
PLAYED W/ANOTHER CHILD	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	–
LISTENED TO STORY	OK	OK	OK	OK	–	OK	OK	OK	–	OK	OK	OK	OK	OK	–
WAITED IN LUNCH LINE	OK	OK	OK	OK	–	OK	OK	OK	–	OK	OK	OK	OK	OK	OK
USE OF TALKING ROOM	No	Yes	OK	OK	Yes	OK	OK	OK	OK	OK	OK	OK	OK	OK	Yes
APPROP. BEH. SNACKTIME	OK	OK	OK	OK	–	OK	OK	OK	–	OK	OK	OK	OK	OK	No
" " REST TIME	OK	OK	OK	OK	–	OK	OK	OK	–	OK	OK	OK	OK	OK	No
" " 11:15 PLAYTIME	OK	OK	OK	OK	–	OK	OK	OK	–	OK	OK	OK	OK	OK	No
" " OUTSIDE AFTER LUNCH	OK	OK	OK	OK	–	OK	OK	OK	–	OK	OK	OK	OK	OK	No
TRANSITION - FOLLOWS SCHEDULE	OK	OK	OK	OK	–	OK	OK	OK	–	OK	OK	OK	OK	OK	No
MINUTES OF LESSON TIME	OK	OK	OK	OK	–	OK	OK	OK	–	OK	OK	OK	OK	OK	✓
APPROP. BEH. 3RD FLOOR	OK	OK	OK	OK	–	OK	OK	OK	–	OK	OK	OK	OK	OK	OK

NEGATIVE BEHAVIOR															
SWEARING	No	No	No	No	Yes	No	No	No	No	Yes					
YELLING	No	Yes	No	No	Yes	No	No	No	No	Yes					
KICKING	No	No	No	No	Yes	No	No	No	No	Yes					
HAIR - PULLING	No	No	No	No	Yes	No	No	No	No	Yes					
TOILET ACCIDENTS	No	No	No	No	No	No	No	No	No	No					
REMOVAL FROM ROOM	No	Yes	No	No	Yes	No	No	No	No	Yes					
PLAYING W/TOILET	No	No	No	No	No	No	No	No	No	No					
THROWING TOYS, ETC.	No	No	No	No	Yes	No	No	No	No	Yes					

SELF-CARE SKILLS															
STANDS TO URINATE	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK					
BM IN TOILET	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK					
1 FLUSH	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK					
HAND WASHING	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK					
EATING SKILLS	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK					

[redacted] MAY-JUNE 1972 Progress Report

Mike Pini, Instructor

APPENDIX E (continued)

Orientation and Mobility

Orientation

A[redacted] is becoming increasingly more familiar with the floor plan of the lower school building. He can travel from the multpurpose room to his own room on the third floor with only slight verbal guidance. He can travel from his own room to the nurse's station or from the multipurpose room to the Kindergarten--- again with only slight verbal assistance.

Concerning orientation in terms of people, A[redacted] is also getting a broader base at the school. He has come to know many of the teachers. He enjoys greeting them and kidding with them. Also, A[redacted] has become friendly with several of the people on the maintainance staff.

Mobility

At the beginning of May, A[redacted] was doing a lot of slouching and fooling around on the staircase. I tried to coax him into walking smoothly and erectly , but he fooled around all the more. Then I got the ideal of allowing him to assume the teacher's role. We tried this idea using B[redacted] as the pupil. I would say things such as : " B[redacted], you watch A[redacted]! He will show you how a grown up walks down the steps." A[redacted] liked the idea and he did his best to walk correctly. Since then A[redacted]'s slouching has decreased considerably. When he does it, I say something like: " A[redacted], that's not how you showed B[redacted] is it?" This usually causes him to straighten out his step.and walk more erectly.

restricted to two or three words. Lately, he is directing whole sentences at J[redacted].

Socialization

During April, May and June there has been a marked decrease in the number of A[redacted]'s temper tantrums. This has been observed by both the morning staff as well as the afternoon staff. The decrease, I believe, can be traced to several factors: Firstly, A[redacted] seems to have developed a much better attitude concerning 'being away from home! Make no mistake about it, he still talks about how much he misses his mother ---- but his attitude is much healthier than it was before. Much of the melancholy has disappeared.

Secondly, A[redacted] has gained in trust that we will respond to his words The phrase 'no thank you' has supplanted a great deal of the yelling, screaming and kicking of months gone by.

Thirdly, The child care workers who work with A[redacted] are getting much better at reading and interpreting his moods. We are better able to anticipate and avoid his emotional outbursts.

Lastly, I must mention the factor of the improved weather conditions. A[redacted] is basicly an'outdoor boy' . He likes to smell the grass and to feel the wind blowing. He likes the 'uncomlicatedness' of being outdoors. During May and June we had a great many opportunities to play and do class tasks in the open air. During such sessions, A[redacted] seemed to function on a much calmer level than he does while he is inside the school.